FAR

02188

9100 CEPTIFICATE OF DEATH

	6195	CERTIFIC	AIL OI DEA	111		Reg. Dist. N	No.	
1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (o. STATE Md.	Where deceased	lived. If institutio b. COUNTY	Washin	efore admission) gton	
RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (outside corpor	ote limits, write RU	JRAL and give	nearest town)	
	ITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS 322 N. P		St.,	1	e. IS RESIDENCE ON A FARM	?
3. NAME OF DECEASED (Type or print)	First Arthur	Middle Guy	Albert	4. DATE OF DEATH	Mont 2		7 Year	,
s. sex male	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Mar. 20, 18		9. AGE (In years lost highday) 78 yrs.	Months Day	AR IF UNDER 24 H	
during most of wo	10N (Give kind of work done 10b prking life, even if retired) Lired H	kind of Business or Ind ardware merch		ote or foreign co			SA	ITRY
3, FATHER'S NAME		THE STATE OF LITTLE	14. MOTHER'S MAIDE					
Re	zin Franklin Al			E. Buc	kingham			
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		informant rs. Maggie L.	Albert	Hagers	ess stown,	Md.	
Conditions, if gove rise to cose (o), stolin lying couse los	g the under-	Myorca	deal &	Infly let	Peser	ene	S-y	V.
SATION TO SET TO	THER SIGNIFICANT CONDITIONS					EN IN PART 1(o	PERFORMEDA YES NO	SY
OR CONTRIBUTION	VAS UNDERLYING (1) IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	KED. (Enter nature of injury	in Port I or Part	II of item 18.)			
20c. TIME OF INJU Hour a. m p. m	While		PLACE OF INJURY (Home, f factory, street, office bldg.,	arm, 20f. (City etc.)	or town)	(Coun	nty) (Sto	ote)
actual signature Physician's NAME (Type)	that I attended the decea 1.26,55,19 SEARI	ocing You N	M.D. Jilige	ADDRESS (SI	the causes a reet, city or town, t	nd an the (t saw the decedate stated ab	
220. BURIAL, CREMAT REMOVAL (Specif BURIAL	2-29-56	Rose Hil	1	Н	ION (City, town, o	n	(Stote) Md.	
23. FUNERAL DIRECTO	01100	ADDRESS Agerstown Md	-	EC'D BY REGIST	RAR 24b REGIS	TRAR'S SIGNA	TURE	
0 x / 1 / 1/01 /	10 +1 //// / X/I	agerstown. Mu	DATE	QL. 67.17	No Make	AFTIVE	34000	

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TE OF DEATH	CERTIFICA	2018
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the contract of the contract o	eran an tagrant.	
A TOTAL OF STATE OF S		ounder . SST . To broke
96 yr 175 (4 mail 27cm) 18.		ruid-iA
		97 20 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0
	gillen - erdha	
		CEA of Expand wheel of the cold
OB A DECENA ED	The Court of the C	

and a	y. Th	2247 CERTIFICATE OF DEATH	Reg. Dist. No. 305
M	ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME)	OF DECEASED:
	carefully legibly.	COUNTY WASh IN 67 6 M CITY (If outside corporate limits, write RURAL OR and give nearest town) CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits or and give nearest town) CITY (If outside corporate limits or and give nearest town)	OUNTY FREDERICK , write RURAL and give nearest town
	ion	OR and give nearest town) TOWN BOONS BOITO 3 WEEKS TOWN FREDERI	C/1 10-11-2
	em of information death clearly and	HOSPITAL OR INSTITUTION OR REFORMS NORSING HOME STREET ADDRESS 234 S.	MARKET ST.
	of inath	3. NAME OF (First) (Middle) (Last) 4. DATE DECEASED: (Type or Print) MHODE TRENE ALEXANDER DEATH	(Month) (Day) (Year)
		(Type or Print) MHODE RENE HLEXANDER DEATH 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birt WIDOWED, DIVORCED, 9. AGE last birt 9. AGE last	hday IF UNDER 1 YEAR IF UNDER 24 HRS.
•	-	FENULE White (Specify) WIDOW 25 JOHN 1889 66-1-16	yrs. Months Days Hours Min.
DN	y every causes		ountry): 12. CITIZEN OF WHA
HINDI	Supply te the c	Thomas SPONSERLER MARY KRET	3ER
FOF	INK. Su se write	Oliver All Colors and	NDER Frederick, W
MARGIN RESERVED FOR BINDING	ITH UNFADING Physicians: plea:	450.0 Spaces land asle mel and	INTERVAL BETWEEN ONSET AND DEATH SAME.
RGI	—		
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	7		20. AUTOPSY? YES NO
	per .	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	own) (County) (State)
	> 20	101 11100111	R?
20-21	TYPE 01	22. I hereby certify that I attended the deceased from 20, 1916, to 1919, 190 alive on Feb 8 1956, and that death occurred at 12:557M, from the causes and	d on the date stated above.
	PLEASE	Burial Specify) 127 & 1956 Mt. Olingt Gueley Frede	rich, maryland.
į	Ь	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1956 W. K. Elleren M. K. Elleren V. W. W. W. Elleren V. W. W. Elleren V. W. W. Elleren V. W. W. W. Elleren V. W. W. W. Elleren V. W.	Son, Frederics, My

BUREAU V. S.

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BUREAU V. S.

LEB 29 1956



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2249

CERTIFICATE OF DEATH

Reg. Dlst. No. 305

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	v
WASHIDICTON MARYLAND		FREDERICH
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR givo nearest town) (in this place) TOWN BENEVOLA 5 WEEKS	TOWN I LAMSYILLE -	RURAL/OX-
HOSPITAL OR	STREET (If rural, give location)	SOICAL
INSTITUTION OR	ADDRESS	wen V
STREET ADDRESS BOONS BORO MO. 12.	" IJAMSVILLE MD	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
	AKER DEATH FEBRUAR	V-10. 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under	
WHITE WIDOWED, DIVORCED, (Specify) MARRIED.	SEPT-27-1919 36-4-13 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	0	COUNTRY?
FARMER TENANT	MOTHER'S MAIDEN NAME	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HUBERT BAKER	MARY EASTERDAY	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 214-34-0639	MRS MAKIE BAKER - BOONSBE	RO MO. R.
18. MEDICAL CE		1
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1	ONSET AND DEATH
Immediate cause (a) Colonary	Mombosis-	In took
Immediate cause (a)	wo mo oses-	Topicaro.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	×	g
(c)		4
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY) (SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
A 1	1 15.1 10 CI	
22. I hereby certify that I attended the deceased from July 10	, 1956, to Feb- 10, 1956, that I last	saw the deceased
	7:43 A.m., from the causes and on the date s	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
- YHAYIHAAA SALA	Bonestrans.	70/01
OV NOWN THE	NOV OR CORPORATION OF THE PROPERTY OF THE PROP	1"/0 6
PEMOVAL (Specify)	CRY OR CREMATORY LOCATION (City, town, or cour	nty) (State)
BURIAL FEB. 13.1956 BENEYOLA	4 CEMETERY BENEVOLA WAS	SH. CO. MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
13.19.5 Jahr. N. Cax	I WM F-BAST AND SONS BOOKS	BORD MO
	THE CONSTITUTIONS	ENE D JAM

The correct age DR. LEVAN M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



BUREAU V. S.

bages I and 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2196

CERTIFICATE OF DEATH

021924 C

6130	CERTIFICA	AIL OI DEAIII	Reg	. Dist. No.
1. PLACE OF DEATH O. COUNTY . WASHINGTON CO	OUNTY MARYLAND	2. USUAL RESIDENCE (Where do. STATE Maryland	leceased lived. If institution: Res b. COUNTY	sidence before admission)
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest lown)	s, write c. LENGTH OF STAY IN 16		e corporate limits, write RURAL o	and give nearest town)
3 BXXXXXXXX HAGER		Baltimore	3 Vo	1-4
d. NAME OF HOSPITAL (If not in hospital, gior Institution Washington Court		d. STREET ADDRESS	Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF Firs			DATE Month	
(Type or print) John James I			OF PEATH February 2	Day Yeor 19 56
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN	IDER 1 YEAR IF UNDER 24 HRS.
M Negro	WIDOWED DIVORCED	May 3, 1880	last birthday) Mont	ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDU			CITIZEN OF WHAT COUNTRY
Preacher	Church	C Walvert	Co., Md.	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Unknow		Harri	ett	
15. WAS DECEASED EVER IN U. S. ARMED FORCI IYes, no. or unknown) (If yes, give wor or dates of set	rvice)	INFORMANT	Address	
		Auto licence and	personal paper	rs
18. CAUSE OF DEATH [Enter only one cou	use per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Uremia			Unknown
DUE TO				
Conditions, if ony, which) (b).	Chronic nephri	tis		
gove rise to immediate cause (o), stating the under-				
lying couse lost. (c)				
	DITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY
S Cerebral concussion	. Fracture, left	femur.		PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURRE		or Part II of item 18.)	
	Automobile accide	nt 11:30 PM 2-2	2-56	
Z 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, form, 20		(County) (State)
20c. TIME OF INJURY Month, Day, Year Hour a. jr. 11:340m.PM 2-22 1956		Highway	Hagerstown V	Washington Md.
21. I certify that I attended the			-/	
alive on 2-24				t I lost saw the deceased
dive on_~~~	_, IV, and that death	occurred at 9:50 PM	tram the causes and o	n the date stated above
ACTUAL SIGNATURE	- Kot	ADDR	Los (Silber, City of rown, signe)	2 OF S
SIGNATURE / TO PAR / V	V IC nuc	M.D		x-x0,0
PHYSICIAN'S JOHN H. KEH	WE, M. D.		ngton St., Hage	
BENT'IA Tecify) Ma r.1,	1956 Brooks Cha		Calvert Co.,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRES\$		REGISTRAR 24b. REGISTRADES	
H olland Funeral	Home-1631 Druid	Hill WAK	1956 Cha	rles H. Branes

may be retained by the hasping to th

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4

er attending physician. Certificate has been signed by the attending physician and camper as the burial-transit permit. Then please remove carbon paper as the burial-transit permit. Then please remove carbon papermation, ar removal, and in any event within 72 haurs after death.



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BUREAU V. S.

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CERTIFICATE OF DEATH

discursely.

MARYLAND STATE DEPARTMENT OF HEALTH

2250 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02193

Reg. Dist. No. 302

COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (STATE Mary	HOME) OF DECEASED.	y Wash
TOWN give nearest	orporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	II UK	rate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R		STREET ADDRESS	(If rural, give location)	7
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Ida		Barr	OF DEATH 724.	27 1956
Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH		I year If under 24 hrs. Hours Mio.
done during most of w	ATION (Give kind of work vorking life, even if retired) House work	10b. Kind of Business or Industry Own home	Penna		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E	DHAL MOMO	14. MOTHER'S MAIDEN	NAME	
	Benjamin Bar	r	Abbie N	ivers	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates of	7 16. SOCIAL SECURITY No.	17. INFORMANT AND A	DDRESS	
No	service)		Flora Barr -	Waynesboro, Pa.	
		18. MEDICAL CE	RTIFICATION]
1. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
932. Immediate	e cause (s)	Exposure to co	ld - 18 - 20 de	grees	10 hrs
	nt cause(s)				
Diseases or o	conditions, if any, (b)	Arterio-sclero	tic myocardial	neart disease	
		g. Substernal 1 T		**************************************	1-0-00-00-00-00-00-00-00-00-00-00-00-00-
H. OTHER SIGNIET	CANT CONDITIONS	Cystic diseas	e of liver & pa	ncreas	1
Conditions contribu	iting to the death but not se or condition causing dest		1		
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
none		-			Yes No 🗆
PRIMARY (Xor CO CAUSE OF DEATH	I. I INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY Home	(CITY OR	TOWN) (COUNTY Wash	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC		
injury tel.	22-56/0 Pm.	work at work	Found dead on	floor of unheated	shack
obtained by saw from: natural SIGNATURE 23. BURIAL CREM	a Autopsy, Inspection or causes , occident &	ins described above, held an A Inquiry, find that said deced, suicide , homicide , (Degree or title). A 115 N	undefermined	ed above, and death in my	DATE SIGNED . 2-24-56
REMOVAL (Sur	Feb . 26 5	6 Price Ceme	tery	Wash. Twp. Fran	klin Co Pa.
DATH REC'D BY I			24. FUNERAL DIRECTO	ck & Son - Hagers	ADDRESS

SECENTED SEC

BUREAU V. E.

2

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02194

Dr.	E.W.	Di.tt21	CERT 97	IFICA	TE	OF	DEATH	
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Reg. Dist. No. 302

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DI	ECEASED	
COUNTY Washington	MARYLAND	STATE MELT'V	Lana county	Washing	ton
	ENGTH OF STAY	CITY (If outside corp.	prate limits, write RURAL e	nd give neerest town)	, 0011
Town Hagerstown	(in this place) 3 days	OR TOWN Har	erstown		03
HOSPITAL OR	o cas, s	STREET	(If rural gly	e location)	- 0
STREET ADDRESS Washington Co. H	inanital	ADDRESS	Wise Str	ee t	/
3. NAME OF (First) (Mide		(Lest)	4. DATE (Mon		(Yeer)
DECEASED			OF		(1001)
OUIIN FREDER		ARR		eb. 31	19 56
RACE WIDOWED DIVORC	ED,		9. AGE last birthday	Months Days	Hours I Min.
Male White (Specify) Sing			70 yrs.	William Duys	, nours
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR IND	LISTRY	11. BIRTHPLACE (Stata or fore	ign country)	12. CITIZEI COUN	OF WHAT
/ relired) Painter Contractor	elf-Empl.	Hagerstown	n, Marylan	d USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Frank M. Barr		Katie (Oster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	CIAL SECURITY NO.	17. INFORMANT &			
(Yas, no, or unk.) (If Yes, give war or datas of servica)	24-6619 A	Miss Lula	Rarr		
	18. MEDICAL CER		2 2011	T INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	31	11			ET AND DEATH
33/X IMMEDIATE CAUSE (A)	esery,	Hemorrh	se		2, days
ANTECEDENT CAUSE(S) DUE TO	1-1.	11 1	Vision	100	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	persinse	ve Corente	Nassas 1	- 3	you
STATING UNDERLYING CAUSE LAST. DUE TO				/	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			20	. AUTOPSY?
				YES	
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, to OF CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office (IF ETHER, NOTIFY MEDICAL EXAMINER)	rm, factory, 2 bldg., atc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJU		21f. HOW DID INJURY OCCU	R?		
M. at work	Not while at work				
22. I hereby certify that I attended the deceased	from //-/-	- 1955 10 2	-2/ 1957	that I last say	v the deceased
alive on 2 - 20 , 1906 , and tha	t death occurred at	2 X M from the	causes and on the d	nto stated show	me deceased
SIGNATURE SIGNATURE	. dodin occurrod ar.	ADD	RESS (Street, city, town		ATE SIGNED
W. M. Della	M.D.	Legin	en ky	1 2	12/1/
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	AME OF CEMETERY OR	CREMATORY	LOCATION (City, town	, or county)	(Stafe)
Burial 2-23-56 F	ose Hill	Cenetery	Hagersto	SETTO COM	7 0 2 3
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	Tello
DATE Z3195 Sharf Bow	eral				20.2
DAIL TO THE TOTAL THE TOTAL TO THE TOTAL TOT		Andrew K.	Joi I Han-na	serstown	la dud.

HTASO AO STADRITASO

BUREAU V. S.

1926 TEB 57 1956

DECENTED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

carefully.

Supply every item of information

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-	
A15	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2195

1. PLACE OF DEATH:		1 2. USUAL RESID	DENCE (HOME) OF DECEAS	ED:
COUNTY Washington CITY (If outside corporate limits, write RURAL	MARYLAND	STATE Mal	cyland county Was	hington
OR and give nearest town)	(in this place)	OR	e corporate iimits, write RURAI	and give nearest town;
O3TOWN Hagerstown	Life	TOWN	Hagerstown	03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospit	.al	STREET ADDRESS	(If rural give location of Potomac Avenue	(n)
	iddle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED:	Adele	Beck	of DEATH: Feb.	2 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MAR WIDOWED, DI (Specify): Ma		29 1889	9. AGE last birthday IF UNDER 67 yrs. Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIN		LaCrosse,	(State or foreign country):	2. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:		14. MOTHER'S	MAIDEN NAME:	J.D.A.
D. Edwin Baker		La	vinia Landis	
	OCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	NONE	William G.	Beck, Hagerstown	Marreland
	EDICAL CERTIFICA	TION		INTERVAL BETWEEN
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE 1	Arter	iosclines	is	716542
STATING UNDERLYING CAUSE LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	6 1 .	el Vlce	-	5+15.
19a. DATE OF OPERATION: 19B. MAJOR FIND	INGS OF OPERATIO	N		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PL. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fa IRY street, office bldg	etory, 21c. WHERE INJURY OCC		unty) (State)
OF INJURY While	INJURY OCCURRE Not while ork at work	ED 21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the decalive on Factorian, 1956, and that	death occurred a		the causes and on the dat	e stated above.
word to form	1 NAME OF CENT	TERY OR CREMATOR	TO MEC ST HECLT	or county) (State)
23. BURIAL (REMATION, DATE THEREOF BURIAL (SPECIFY) BURIAL (2-5-1956)		ll Cemetery	Hagerstown, Ma	

Suter -Rouzer Funeral Home, Hagerstown, Md



BUREAU V. Z.

2251 CERTIFICATE OF DEATH Reg. Dist. No. directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY b. COUNTY MARYLAND MARULAND WASHING-TON death. erai b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR NOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluons DO TOWN CULTOWN . 3 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 5 S OR INSTITUTION ON A FARM? 443 HAGERSTOWN. LAD. 13 CERSTOWN YES NO M pup NAME OF First Middle DATE Month Day Year DECEASED (Type or print) DEATH 1956 EBRUARY-23 5. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH Months House WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? papa 000 during most of working life, even if retired) ABORED puo 0 HREDERICK - CO MO ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove (72 haurs IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending eose 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: VY3. IMMEDIATE CAUSE (o) the DUE TO Á 0 0 YUS 15 Conditions, if any, which gned gove rise to immediate per DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ID 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 of work ot work p. m 21. I certify that, I attended the deceased fram. 1956, that I last saw the deceased 30 P M, fram the causes and an the date stated above. and that death accurred at 1 DIRECTOR: det ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Pe prior should PHYSICIAN'S HOSPITAL FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page ay REMOVAL (Specify) CEMETERY SHI FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR, 24b. REGISTRAR'S SIGNATURE 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S. , FEB CM 1556 24.52 Blo It F.y.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2199

CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEA	SED:
county Washington MARYLA	ND	STATE Mary	land county Wa	shington
CITY (If outside corporate limits, write RURAL LENGT OR and give nearest town) (in t	H OF STAY	CITY(If outside	corporate limits, write RURA	
A TOWN Hagerstown 11 1	years	STREET	(If rural give locati	(a=)
INSTITUTION OR 522 West Church Street Address 522 West Church Street	eet	ADDRESS	22 West Church S	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) CHRISTIAN ALBERT		(Last) CHBILL	4. DATE (Month) OF DEATH: Februar	(Day) (Year) ry 9 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		of Birth: y 15, 1889	9. AGE iast birthday IF UNDE 67 yrs. Months	R I VEAR IF UNDER 24 HRS
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic Milk Comp.	USINESS RY:	11. BIRTHPLACE	(State or foreign country): 11	
13. FATHER'S NAME:		14. MOTHER'S M		
Abram Brechbill		Anna Lo	Wry	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECT	URITY NO.	17. INFORMANT	& ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	188	Mrs. Homer	Bowser Waynesboro	o, Pennsylvan
18. MEDICAL		ION		INTERVAL BETWE
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ANTECEDENT CAUSE (8)	man to	Declumin 2n	allich	180
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(C)				
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o MM				YES NO
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	OCCURRED t while t	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the deceased fralive on 7. Lb., 1924, and that death o	4			
alive on 7.144 , 1924, and that death o		ADDRES	www.	DATE SIGNED
REMOVAL (SPECIFY)	OF CEMETE	Cemetery		, or county) (Sta
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		24. FUNERAL I		ADDRESS
FEGISTRAR 1956 BRASHYSOCE	ero		r Funeral Home Ha	

A15 VS.

UNFADING INK. Supply every item of information carefully. The

OR WRITE PLAINLY, WITH

PLEASE TYPE

MARGIN RESERVED FOR BINDING



BUREAU V. S.

the registrar within 72 hours after death. After this in by the funeral director, the third capy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02198 William Laynan

2200 CERTIFICATE OF DEATH

Reg. Dist. No.

Mole White Specify ied Aug 29 1891 64 yrs. Months Deys	(Year) 5 6 19 IF UNDER 24 HRS Hours Min.
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN HERESTOWN HOSPITAL OR STREET ADDRESS Wash. County Hospital 3. NAME OF DECEASED (First) CLARENCE EDGAR RREWER DOI: 100. BREWER CLARENCE EDGAR RREWER DOI: 100. BREWER CLARENCE EDGAR RREWER DOI: 100. BREWER DOI: 100. BREWER CLARENCE EDGAR RREWER DOI: 100. BREWER DOI: 100. BREWER	(Year) 5 6 19 IF UNDER 24 HR: Hours Min.
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5. SEX 6. COLOR OR ACE White 10a. USUAL OCCUPATION (give kind of work done during most of working life, even if relited) to ction fair ohild Air Craft C 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Kes, no., or unk.) (if Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 213-13-16-19 17. INFORMANT & ADDRESS (Mrs. Hazel M. Brewer 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS (BYER IN U. S. ARMED FORCES) (A) Epithbal Carcinoma lungs 14. MEDICAL CERTIFICATION 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (A) Epithbal Carcinoma of Left Renal Pelvis 1 DISEASES OR CONDITIONS, IF ANY, (B) CIVING RISE TO THE ABOVE CAUSE (AS) OUE TO (CONTRIBUTING TO THE ABOVE CAUSE LAST OT THE ABOVE CAUSE LAST OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH. 19. MACCIDENT WAS UNDERLYING TO CAUSE LAST OF POETATION OF NUMBER steeled. TO SECOND TO THE DISEASE OR CONDITION CAUSE OF DEATH OF NUMBER steeled. TO SECOND TO THE DISEASE OF CONDITION CAUSE OF DEATH OF NUMBER STATES DESCRIBED TO THE DISEASE OR CONDITION TO CAUSE OF DEATH OF NUMBER STATES DESCRIBED TO THE DISEASE OR CONDITION TO CAUSE OF DEATH OF NUMBER STATES DESCRIBED TO THE DISEASE OR CONDITION TO CAUSE OF DEATH OF NUMBER DID INJURY OCCUR? (City or town) (County)	Hours Min.
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21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bldg., etc.)	AUTOPSY?
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M. et work et work	
22. I hereby certify that I attended the deceased from Oct., 1945, to Feb. 15, 1956, that I last saw	the decree
alive on Feb. 14 , 19 56 and that death occurred at 5:55AM, from the causes and on the date stated above	
W. T. Layman, Mo. Joyman M.D. 5 Public Sq., Hagerstown, I BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF PHAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	ATE SIGNE
ACTION (ALCOHO)	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS ADDRESS	ATE SIGNEI
partele 17.1956 Chast Bowers Andrew K. Coffman Ha erston	ate signe i Id .

TEB 20 1956

CERTIFICATE OF DEATH

STREET, AND STATE DEPARTMENT OF HEALTH-BALTIMODE, 18

The second

13

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Dr W. D. Campbell

CERTIFICATE OF DEATH 2201

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
COUNTY Washington	MARYLAND	stateMaryla		
CITY (If outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place)	OR	prate limits, write RURAL end give ne	arest town)
Hagerstown Hagerstown	8 Days		erstown	0
street address wash. County F		STREET ADDRESS	(Il rural give location) Dale St	
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
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5. SEX 6. COLOR OR 7. SINGLE, M RACE WIDOWED	DIVORCED.	OF BIRTH	9. AGE lest birthday IF UNDE	R 1 YEAR IF UNDER 2
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John C. Cole 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or detas of service)			m Edw Brown	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21s. INJURY OCCURRED While Not while et work et work	211. HOW DID INJURY OCCU	R ?	
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	eceased from DeB 8	, 1956 to De	Z	
22. I hereby certify that I attended the d	eceased from Deb	1956, to De	causes and on the date state	ed above.
22. I hereby certify that I attended the dalive on Secondary, 19.5.4,	and that death occurred a	VILLOTM, from the	causes and on the date state RESS (Street, city, town, state)	
22. I hereby certify that I attended the dalive on Debit, 17, 19.5.c, SIGNATURE	and that death occurred a	M, from the ADD	causes and on the date state RESS (Street, city, town, state)	FIL. 18
22. I hereby certify that I attended the dalive on Debit 1, 19.5 6	and that death occurred a M.D. NAME OF CEMETERY OR	CREMATORY The	causes and on the date state RESS (Street, city, town, state)	FIL. 18
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BUREAU V. Z.

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HEARD TO READINESS RESE

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02200

CERTIFICATE OF DEATH 2202

302 Reg. Dist. No

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY Washington MARYLAND	STATE Maryland COUNTY Wash	ington		
	CITY (Il outside corporate l'imits, write RURAL LENGTH OF STAY OR end give neerast town) (In this place)	CITY (if outside corporata limits, write RURAL and give ne	erest town)		
	TOWN Hagerstewn, Md. 45 vrs.	TOWN Magerstewn, Marylar	nd.		
	HOSPITAL OR	STREET (If rurel give location			
	INSTITUTION OR STREET ADDRESS 460 Summans Ave	460 Summans Ave			
	STREET ADDRESS 460 Summans Ave	(Lost) 4. DATE (Month)	(Dey) (Yeer)		
	DECEASED (Type or Print)	OF DEATH O			
	Alexander Allen De	II II 5	18 1956		
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIVORCED,	F BIRTH 1883 9. AGE lest birthdey IF UNDI	R 1 YEAR IF UNDER 24 HRS.		
	Male Colored (Specily) Widewed June	3 27 1909 73 yrs.			
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Steta or loreign country)	12. CITIZEN OF WHAT		
1	retired) laborer Garage	Martinburg, W. Va.	USA.		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Rebert Burns	Unknew			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
13	(Yes, no, or unk.) (Il Yes, give wer or detes of service)	36 6 3. 5 4.4	C		
S	217-12-1402	Mrs Gertrude Burnett	1 INTERVAL BETWEEN		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET-AND DEATH		
	IMMEDIATE CAUSE (A) CONSULARLY	Idray tosis	1 Haces		
	NULL TO		1		
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)		(/		
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		V		
	STATING ONDERLYING CAUSE LAST.				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
0		With the Allient against the	YES NO		
	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (Cily or town) (Col	unty) (Steta)		
	21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURRED While Not while	II. HOW DID INJURY OCCUR?			
	M. at work at work	111			
	22. I hereby certify that attended the deceased from	569, to2/(1/5569, that	I last saw the deceased		
	alip On 2/1 57 19 Com, and that death/occurred at/	O. M. from the causes and on the date state			
10M	STONATURE () ()	ADDRESS (Street, city, town, stete	DATE SIGNED		
5 7	lattering & M.O. 1	William Shot luk	2/2/15		
1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY /LOCATION (City, town, or coun	ty) (State)		
A15C	REMOVAL (SPECIFY) Blue i al 2 - 22 4 955 Rose Fill	a	Manage de la constant		
VS A	Butial 2-22 4.955 Rose Kill 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Cemetery / Lagerstewn, 1	Moryland. ADDRESS		
>	El 3- 1054 Del 1460-	De Plut and	and true and		
	MILL LZ, 1406 COMPANTILY DECEND	Motion 1 Walson 1. Ha	process 1110		

CERTIFICATE OF DEATH

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postuary part may then by their

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72 hours after death. After this director, the third copy of this

certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIA OR HOSPITAL: The law requires that the death certifical The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02201

2203

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Weshington MARYLAND	STATE STYL	and countyashi	ngton	
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)	CITY (If outside corpo	rate limits, write RURAL and give ne		
O TOWN Hagerstown 2 Yrs	OR TOWN Have	rstewn		
HOSPITAL OR	STREET	(if rural give location)	
INSTITUTION OR STREET ADDRESS Wash. County Hone	ADDRESS 900 C	oncord St.		
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)	
(Type or Print) ANDY	A CE	DEATH Feby	35 1956,	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE			ER 1 YEAR IF UNDER 24 HR	
Male White (Specify) Single Jan	y 15 1866	90 yrs. Months	Deys Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stata or forei	gn country)	12. CITIZEN OF WHAT	
retired rack Lan W M R R Retired	Austria		COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
No Record	No Rec	ord		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & /	ADDRESS		
(Yes, no, or unk.) (If Yes, give war or datas of service)	ars R	ose C. Cordel	11	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		encord St Cit	TE INTERVAL BETWEEN	
I DISEASES ON COMMINGING DIRECTLY LEADING TO DEATH			ONSET AND DEATH	
443 IMMEDIATE CAUSE (A) HYPERTENSIVE A	KIEKIUSCLEKU	TIC HEART DIS	EASE 7	
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TATING LINDSPLYING CAUSE LAST DUE TO				
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION CAUSING DEATH.				
DISEASE OR CONDITION CAUSING DEATH.			20. AUTOPSY?	
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	21- WALFER DIS ALLEN		YES NO X	
DISEASE OR CONDITION CAUSING DEATH.	21c. WHERE DID INJURY OCCU	(Cou	1.4.	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.) 21f. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED	21c. WHERE DID INJURY OCCU		YES NO X	
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 198. ACCIDENT WAS UNDERLYING 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, factory, OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			YES NO X	
DISFASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING 22b. PLACE (Home, farm, factory, OF CONTRIBUTING 2CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED While et work 4 work 4 work 5 work 6	211. HOW DID INJURY OCCU	2.05	YES NO K	
DISFASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED While of work o	211. HOW DID INJURY OCCU	2.05	YES NO K	
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. M	211. HOW DID INJURY OCCU	B 25 , 19 56 , that auses and on the date states	YES NO X (State) I last saw the deceased above.	
DISFASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 219. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.) 210. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 219. INJURY OCCURRED While Not while et work Not while et work Not while et work 1990	21f. HOW DID INJURY OCCU	B 25 , 19 56 , that auses and on the date states	YES NO K	
DISFASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21d. TIME OF INJURY OCCURRED While et work Not while et work et work et work 22. 1 hereby cartify that I attended the deceased from NOV 1 alive on 199. , and that death occurred a signature 22. BURIAL, CREMATION, (MATE THEREOF INAME OF CEMETERY OF C	211. HOW DID INJURY OCCU 2 19 55 FE 2 2 20 M, from the C CLEAR SPRING	B 25 , 19 56 , that auses and on the date states	VES NO (Siete) I last saw the deceased above. 2/27/56	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED While of work Not while et work Not while et work 10 to the original of the deceased from the original of the original of the original of the deceased from the original of the original of the original of the original of the original o	211. HOW DID INJURY OCCUPATION OF THE PROPERTY	B. 25, 1956., that auses and on the date states (Street, city, town, state) 3, MD.	I last saw the deceased above. 2/27/56 (State)	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED Whila Not while et work et work et work et work et work 22. I hereby cartify that I attended the deceased from NOV 1 alive on 1950 , and that death occurred a signature Robert Color of Camera Color o	211. HOW DID INJURY OCCU 2 19 55 FE 2 2 20 M, from the C CLEAR SPRING	B. 25, 1956., that auses and on the date states (Street, city, town, state) 3, MD. LOCATION (City, town, or count Hagers town W	I last saw the deceased above.	

CERTIFICATE OF DEATH

HYPERTETS I ERREALD SUTRATIONED TO DISCUSE #

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BUREAU V. S. 3261 S AAM

MESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	E	2204 CERTIFICATI	E OF DEATH Reg. Dist.	No. 302
	ully.	1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
- 1	ref	COUNTY Washington MARYLAND		hington
My)	item of information carefully.	CITY (If outside corporate limits, write RURAL or and give nearest town) 3TOWN Hagerstown LENGTH OF STAY (in this place) 30 years	CITY(If outside corporate limits, write RURAL a OR TOWN Hagerstown	nd give nearest town)
	format	HOSPITAL OR INSTITUTION OR 718 Forrest Street	STREET (If rural give location) ADDRESS 718 Forrest Street	1-
	of in	DECEASED: (Type or Print) SAMUEL HENDRICKS CO.	NRAD OF DEATH: February	14 1956
1		Maire White Widowed, Divorced. (Specify): Married February	ary 10, 10/0 /9 yrs. 17 /	ays Hours Min.
NG	NG INK. Supply every please write the causes	10a. USUAL OCCUPATION (Give kind of work done during most of working life, Retven Shrtipping Clerk 10b. KIND OF BUSINESS OR INDUSTRY: Retven Shrtipping Clerk 10b. Store		CITIZEN OF WHAT
BINDING		13. FATHER'S NAME: Benjamine F. Conrad	14. MOTHER'S MAIDEN NAME: Martha Rummel	
FOR I		(Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 214-09-7618	Mrs. Mary E. Conrad Hagerstown	n, Md.
		18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
RESERVED	I	i Diseases or Conditions Directly Leading to Death 422, IMMEDIATE CAUSE (A) Cordis	- vascular disease	ONSET AND DEATH
RESI	TH UNFAI	ANTECEDENT CAUSE (S)		
MARGIN	(pres)	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
MAR		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	3	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
*		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
	~ m	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	ge is	22. I hereby certify that I attended the deceased from /-/.	, 1950, to 2-14, 1956, that I last	saw the deceased
0 - 53	च्च ल		M, from the causes and on the date :	stated above.
1	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	2-14-56 county) (State)
A15	PLEA	REMOVAL (SPECIFY) 2/16/1956 Rest Haven		
S	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1956 Shash Bowers	Suter-Rouzer Funeral Home Hag	erstown, Md.



BUREAU V. S.

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* F 3) Train 1 5 1 2 10 1 2 10 2

8. DATE

Dec. 6,

OR TOWN

OF BIRTH:

1902

(Last)

Cox

STREET

ADDRESS

Washington Co.

Mrs. Anna M. Cox

14. MOTHER'S MAIDEN NAME:

17. INFORMANT & ADDRESS:

Sarah Santman

MARYLAND

(Middle)

H

self employers 108. KIND OF BUSINESS

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

220-10-3590

SINGLE, MARRIED.

WIDOWED, DIVORCED,

DUE TO

DUE TO

(C)

198. MAJOR FINDINGS OF OPERATION

(Specify) : married

Reg. Dist. No.

Washington

Days

(Year)

19

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? YES T

Hours

56

2. USUAL RESIDENCE (HOME) OF DECEASED:

631 Frederick St..

OF

4. DATE (Month)

9. AGE last birthday IF UNDER I YEAR

Months

Hagerstown, Md.

DEATH:

11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF

Hagerstown

COUNTY

CITY(If outside corporate limits, write RURAL and give nearest town)

(If rural give location)

BINDING

FOR

RESERVED

MARGIN

The

1. PLACE OF DEATH:

HOSPITAL OR INSTITUTION OR

(Type or Print)

13. FATHER'S NAME:

TOWN

3. NAME OF

5. SEX:

male

DECEASED

Washington

Hagerstown

CITY (If outside corporate limits, write RURAL OR and give nearest town)
TOWN Hagerstown

LENGTH OF STAY

in this place)

Weeks

STREET ADDRESS Washington Co. Hospital

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

(First)

COLOR OR | 7.

OA. USUAL OCCUPATION (Give kind of)

John Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCEST

(Yes, no or unk.) (If Yes, give war or dates

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

19A. DATE OF OPERATION:

STATING UNDERLYING CAUSE LAST.

of service)

work done during most of working life, even if retired): laborer

Samuel

10

A15.

i

PLEASE

		10,10		- /		
21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM!	DEATH OF INJURY	E (Home, farm, facto street, office bldg.,	21c. WHERE D	ID (City or town)	(County)	(State)
21D. TIME (Month) (Day) (Year OF INJURY	M. While at work	1	21F. HOW DID II			
22. I hereby certify that I a alive on, 1 SIGNATURE		eath occurred at		e causes and on the		above.
REMOVAL (SPECIFY)	9-56	Rose Hill	RY OR CREMATORY	Hagerstown		Md.
DATE REC'D BY LOCAL RESERVED R	Charles SIGNA	Sever !	Fred W. Krais	RECTOR S Hagerstow		RESS
				AND THE RESERVE OF THE PERSON		

BUREAU V. Z.

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BECEINED

1. PLACE OF DEATH

TOWN HOSPITAL OR

3. NAME OF

MALE

13. FATHER'S NAME

(Yes, Mg pr unk.)

JOSEPH

19e. DATE OF OPERATION

21d. TIME OF INJURY

alive on. 2

SIGNATURE

BURIAL, CREMATION,

REMOVAL_(SPECIFY)

REC'D BY REGISTRAR

21e. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

DECEASED

(Type or Print)

WASHINGTON

JOSEPH

6. COLOR OR

end of AGTERSTOWN

STREET ADDRES GARLOCK

10e. USUAL OCCUPATION (Give kind of work

done during most of working life, even if

"METIRED CARPENTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

(Month) (Day)

22. I hereby certify that I attended the deceased from

DATE THEREOF

2/24/56

REGISTRAR'S SIGNATURE

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT

(If outside corporete limits, write RURAL

(First)

CRUNKILTON

(If Yes, give war or detes of service)

DUE TO

DUE TO

MEM.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8. DATE OF B

25. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE 2206

MARYLAND

LENGTH OF STAY

CONV. HOSP.

(Middle)

10b. KIND OF BUSINESS

OR INDUSTRY

NONE

16. SOCIAL SECURITY NO.

18. MEDICAL CERTI

B.

SINGLE, MARRIED

WIDOWED DIVORCED (Specify) SINGLE

196. MAJOR FINDINGS OF OPERATION

21b. PLACE (Home, ferm, fectory,

OF INJURY street, office bldg., etc.)

While

et work

21e. INJURY OCCURRED

Not while

M.D.

NAME OF CEMETERY OR CRI

SHANK

et work

... and that death occurred at

Syllabores.

02204

IE OF DEA	R	eg. Dist	No.9	<i>3</i> 02	
2. USUAL RESIDENCE	E (HOME) OF D	ECEASE	D		-
	LVANIA			V	
CITY (if outside corpore		nd give nee	rest town)		
TOWN GREEN			75 X	-3	
STREET ADDRESS LIND		ve locetion)			1
(Lest)	4. DATE (Mor		(Day)	(Yeer	
CRUNKILTON	DEATH				56
	AGE lest birthdey	Months	1 YEAR Days	Hours	
6/4/1875	80 yrs.				
11. BIRTHPLACE (State or foreign		12	COUNT	OF WHA	T
PENNSYLVAN			U.	S.A.	
14. MOTHER'S MAIDEN NA ELIZABETH					
o. 17. INFORMANT & AD MRS. ANN		RS GF	REENC	ENNA	E
CERTIFICATION	1		INTER	VAL BETW	EEN
intic Heart du	OM D		200	A	AIII
muz			12/	1	
My	District Control	3/25	10	das	
				7	
		100			
			20.	AUTOPSY	17
			YES	☐ NO	DV.
21c. WHERE DID INJURY OCCUR?	(City or town)	(Cour	ity)	(State)	
21f. HOW DID INJURY OCCUR)				
		10			
2 , 195 6 , 10 21	Tb , 1956	, that I	last saw	the dec	eased
ed at 1 Y.J.PM, from the ca	uses and on the	date state	d above).	
23UNPRIM	ESS (Street, city, tow	rn, stete)		2- Col	
RY OR CREMATORY	FRANKLII	n, or county)	PEN	
CEMETERY	THMALL	W CO.		LEM	·H.

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After of copy after death. third the hours 72 hour within funeral registrar the by the . = with permit. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed completely burial transit by the attending physician and Id be detached for use as a buri death certificate assembly should be been executed certificate has

or attending physician. The bottom copy may be retained by the hospital

OR HOSPITAL

A15C 1-55 10M

AND STATE OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE

SEER CERTIFICATE OF DEATH

BUREAU V. S.

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

1. PLACE OF DEATH

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1 2. USUAL RESIDENCE (HOME) OF DECEASED

CERTIFICATE OF DEATH 2252

02205

	COUNTY WASHINGTON	MARYLAND	STATE NIARVI	AND COUNTY W	IASHING-	TON
	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside dorp	porate fimits, write RURAL and	give neerest town)	
	OR and give nearest town) Y TOWN	(in this place)	OR TOWN	Santue 12 alas		×
	HOSPITAL OR	LIFE	STREET	000145130120 (If rural give	location)	7
-	INSTITUTION OR		ADDRESS			- /
	ON STREET ADDRESS POTOMAC 6T	· EXT.	4	OTOMAC ST	EXT	
	3. NAME OF (First) (A	Aiddle)	(Last)	4. DATE (Month)	(Dey)	(Year)
	(Type or Print)	FORINE D	AGENHART	DEATH	BRUAIZV -	17.1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED	D, B. DATE	OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.
4	RACE WIDOWED, DIVO	1 5	E -11-1073	92-6-13 yrs.	Months Deys	Hours Min.
	THE TAIL THE TAIL	OF BUSINESS	11. BIRTHPLACE (State or for	777	I 12. CITIZE	N OF WHAT
1	done during most of working life, even if OR I	INDUSTRY	0		COUN	
Į.	ABUIGER	7RN)	1 DOONSBORD	NASH. Co. N	D	2. H
в	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	AARON DAGENHAN	75	SARAH	DUTROY	V	
		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
0	(Yes, no, or unk.) (If Yas, give wer or dates of service)	DONE	MRSIMART	HA DAGENHA	PT HOOM	VSBORO MID
		18. MEDICAL CE	RTIFICATION	THE PROPERTY	INTE	RVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 1 1	1 -	1	ONS	SET AND DEATH
	179X IMMEDIATE CAUSE (A)	received	averious	eerors		19m
	ANTECEDENT CAUSE(S) DUE TO		.0			
	DISEASES OR CONDITIONS, IF ANY, (B)	errain u	& penil	3 ,		2410
	GIVING RISE TO THE ABOVE CAUSE DUE TO					
	(C)					
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
	DISEASE OR CONDITION CAUSING DEATH.					
^	196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION				AUTOPSY?
U	21- ACCIDENT WAS UNDERLYING TO 1 216 BLACE OF		21- WHITE OIL BUILDY OCCU	IID 3 (CI)	YES	
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER)	fice bldg., etc.)	21c. WHERE DID INJURY OCC	OK! (City of fown)	(County)	(Stete)
		INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?		
5	While M. et wor					
			1 with the	6-17 156	4 - 1 1 1 1 1 1	
	22. I hereby centify that I attended the deceas			1956		
		that death occurred a	at.S.L.J.M. from the			8.
10M	SIGNATURE		R. ADI	ORESS (Streat, city, town,	2	I O C
1-55	- William	M.D.	Morriso	vec		17/36
C	23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town,	or county)	(Stete)
A15C	BURIAL FEB. 21-1956	BOONSBORG	CEMETERY	DODINSIBORO	WASit (20. MD
S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1. 1.	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
	DATE 7 Sh. 20.1940 John &	y · Naux	WM. F. Buct	- MID Sonic P	OONIS BUR	ND.
	DAILY SECTION TOWN	F 1000	1760	AMD DONIS D	OUNDERK	-O IVU

MARINAMO STATE DEPARTMENT OF HEALTH-BALTHORR, TO

SEES CERTIFICATE OF DEATH

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or removal

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02206

				Keg. Dist. 140. JOL
1. PLACE OF DEATH o. COUNTY				ution: Residence before admission)
Washington	MARYLAND	o. STATE Mary	Land b. COUNT	Washington
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16			RURAL and give nearest lown)
03 Hagerstown	1 month 15 d.	Hager	stown	03
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspite	ot, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
97Washington County Jail		418 Frem	ont St.	YES NO
3. NAME OF First DECEASED (Type or print) VICTOR	JOHN I	DELOSIER	4. DATE Monil OF Februar	
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [8.	DATE OF BIRTH	9. AGE (In years fast birthday)	IFUNDER TYEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED 1	lugust 28,	1900 55 yrs.	Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired) Retired Labores Wood	of Business or Industri Pin Factory		or foreign country) wn, Maryland	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Charles E. Delosie	1	T	ena Hartle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO		FORMANT	Address	
(Yes, no, or unknown) (If yes, give wor or dates of service) 213	1-18-9457	Mrs. Lena De	losies Hagers	town, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	Chronic A			ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20g. EXTERNAL CAUSE WAS PRIMARY	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO S
	ow injury occurred. (Er	nler nolure of injury in Port	I or Port II of item 18.)	
Hour a.m. While	URY OCCURRED 200. PLAC Not white focto	E OF INJURY (Hame, farm ry, street, affice bldg., etc.	20f. (City or town)	(Caunty) (State)
21. I certify that I taak charge af the ren	nains described abay	re, held an Autops	, Inspection X,	Inquiry , and find that
death resulted fram: Natural causes 3. ACTUAL SIGNATURE & Robert Well	Accident [], Suice	M.D. CHIEF MEDICAL EX	AMINER 🗆	DATE SIGNED
EXAMINER'S S. Robert Wells,	M.D.	DEPUTY MEDICAL I		2-28-56
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or county) (State)
Burial 2/28/1956	Rose Hill Cem	etery	Hagerstown, M	aryland
23. FUNERAL DIRECTOR'S STONATURE	Hagerstown,			STRAR'S SIGNATURE

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BUREAU V. S.

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2208

02207

CERTIFICATE OF DEATH

Dr. Ditto, III

302

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAND	STATE Maryland county Washington
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give nearest town)
OR and give nearest town (in this plece)	town Hagerstown 03
HOSPITAL OR INSTITUTION OR	STREET (If rural giva location) ADDRESS
8/ STREET ADDRESS Washington Co. Hospital	734 Washington Ave.
3. NAME OF (First) (Middle) DECEASED	(Lost) 4. DATE (Month) (Day) (Yaer)
(Type or Print) AGNES MAY DEL	MITT DEATH Feb. 13, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (RACE WIDOWED, DIVORCED,	
Fenale White (Specify) Widowed May	13,1882 73 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if or INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT TO THE PROPERTY OF WHAT TO THE
TIOUBENITE OWN TOWNS	ONION BILLUSE, MALYLENA ODA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Stephens	Stern
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yas, give wer or dates of service)	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or deles of service) None	Mr. Charles L. Denmitt
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
420.0 C. 111 E	5 6./6
IMMEDIATE CAUSE (A)	a pola.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE THAT THIS INDEPLYING CAUSE THAT THIS INDEPLYING CAUSE THAT THIS INDEPLYING CAUSE THAT THE CONTROL OF THE TABOVE CAUSE THE THE TABOVE CAUSE T	erotic heart disserve 10 ym.
STATING UNDERLYING CAUSE LAST. DUE TO	in Dracula diana 15 anni
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	in in a seemed of the
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO T
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. et work At work	
22. I hereby certify that I attended the deceased from 1700 1	6, 1923, to Feb /3, 1956, that I last saw the deceased
alive on Feb 13, 19.56, and that death occurred a	
SIGNATURE ,	ADDRESS (Street, city, town, state) DATE SIGNED
Elwa & W. SINO TIT . M.D. 2	17 (w. Cu as his time 2/13/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY (State)
	a Cemetery Hagerstown, Marvland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Feb. 15, 1956 Chastoevers	Andrew K. Coffnan-Ha erstown, Md

CERTIFICATE OF DEATH

CHEST WAS SECURED TO THE PROPERTY OF THE PROPE

BUREAU V. S.

PEB 17 1956

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2253 CERTIFICATI	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH: Washington COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland Washington STATE COUNTY
CITY (If outside corporate limits, write RURAL CINGTH OF STAY and give nearest town) TOWN Rural Clear Spring (in this place)	
HOSPITAL OR INSTITUTION OR BOYD ROad	STREET BOYD (If rural give location)
(Type or Print) Etta May Dickey	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Feby. 18-56 19
Female Willte Specify: WILLOW Aug.	y . o.
work done during most of working life, even if retired): USUAL OCCUPATION (Give kind of or INDUSTRY: OR INDUSTRY: Duties	Big Pool, Md. U.A. A.
Samuel Reed	Mary Dickerhoof
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Fannie Harnish Clear Spring,
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Cardiac Failure 20 mi tes Mellitus 8#471 rial Schrosis 10 yr
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPS
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 2IC. WHERE DID (City or town) (County) (State INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
BIGNATURE A PORTO	DDRESS DATE, SIGNED I. D. ERY OR CREMATORY LOCATION (City, town, or county) (S
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR TO 21-1956 STEPHW. MILMENT	Jana Bring

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2254 CERTIFICATI	E OF DEATH Reg. Dist. No	. 303
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND	STATE Md. COUNTY Washing	ton
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Clear Spring Rl LENGTH OF STAY (in this place)	CITYIIf outside corporate limits, write RURAL and gi	ive nearest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
DECEASED.	(Last) 4. DATE (Month) (Day) OF DEATH: 2 2	(Year) 19 56
female 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. May 3,		Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home duties CR INDUSTRY:	Near Clear Spring, Md.	ZEN OF WHA
13. FATHER'S NAME: Wilson Widmyer	14. MOTHER'S MAIDEN NAME: Rebecca Fogle	
(Yes, no, or unk.) (If Yes, give war or dates of service) 13. Social Security No. 15. Social Security No.	Fred Ernst Clear Spring, Md. R	R.F.D.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		BET AND DEAT
IMMEDIATE CAUSE (A) OVON DUE TO	rang Thromboos &	Judde
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	and Disease 8	days
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rial Sclerosis a Hyperten	sion
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20	AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	
	8.9. M, from the causes and on the date state DATE SI DE Clear Horing Md.	ed above.
23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETE St. Pa	auls LOCATION City, town, or coun	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE TO A PUBLIC WILLIAM	Adrian H. Rowland Clear Spring,	Md.

VS. A15-

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TYPE

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A15 VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

4600	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL COR and give nearest town) TOWN Sharpsburg LENGTH OF STAY (in this place) 46 yrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 W. Main Street	STREET (If rural give location) ADDRESS 207 W. Main Street
(Type of Time)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Feb. 12 1956
Male Sex: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Aug. (Specify) Married Aug.	31 1909 9. AGE last birthday IF UNDER 1 YEAR HOURS Min. Wonths Pays Hours Min.
work done during most of working life, OR INDUSTRY: Sheet Metal Worker Fairchilds Co.	Sharpsburg State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Hood O. Fisher	Cora Gross
(Yes, no or unk.) (If Yes, give year or dates of service) NO 220-16-1441	Mrs. James Fisher Sharpsburg Md.
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	noma of the Heng 6 mos.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	in helle-Canamer Ol (a YES NO)
21A. ACCIDENT WAS UNDERLYING 2 B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
SIGNATURE H. Shealy MAN OF CEMET 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMET	19, 19, to fel
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1 1956	Albert L. Leaf Williamsport Md.

FEB I 1956

BECEINED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2200

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C	RAUD			Reg	. Dist. No.
	T. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution: Remaind b. COUNTY Was	sidence before admission) shington
100	3 b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL	ond give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or institution washington Cou	unty Hospita	A STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DONALD	JAMES		4. DATE Month OF DEATH Feb.	Day Year 22 19 56
	5. SEX Male 6. COLOR OR RACE 7. MARR White Widows		8. DATE OF BIRTH March 6 1937	lost histhdays Li	The Pays Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if refired) Construction Worker Ho	KIND OF BUSINESS OR INDUS	Hagerstov		USA
	13. FATHER'S NAME	3	14. MOTHER'S MAIDEN NA	ME	
	Donald James Fr	rench Sr.	Vivia	an Snyder	
7	(Vest an as unhanned) (If also also date date	social security NO. 17. IN 15-34-3545Mr	Donald J.	Address French Willia	RFD #2
	18. CAUSE OF DEATH [Enter anly one cause per fir PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C	ret high	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in Po	rt 1 or Port II of item 18.)	YES NO L
	20c. TIME OF INJURY Month, Day, Year 20d. In Hour o. ft. While p. m. 19 at worl	Not while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
	21. I certify that I attended the decease alive on			M, from the causes and a DORESS (Street, city or town, state)	
	220. BURIAL, CREMATION, Burial, Cremation, Burial, Cremation, Feb. 26-56	22c. NAME OF CEMETERY OF Salem Cemet		nd. LOCATION (City, town, or cour Near Hagerstow	
	23. FUNERAL DIRECTOR'S SIGNATURE	Church Str	24a. REC'D	8Y REGISTRAR 24b. REGISTRAR'	

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			<u>.</u>	
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	A deportment filts	Balesia S		Anno arrents
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				and four sand
1031				
By John William de	ner . I Bi no C			THE PERSON NAMED IN COLUMN
			2 miles	
			100 M	
BUREAU V.				2), Luarity that flag
A HVIGHA				1000
LEB 88 1020				100
10000	Total Magaz	E SHE GOWNER	86-56	。 "你是我们
DECEINE	Trionne Blac Ba	Section 1		

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72 hours after death. director, the third col

within funeral

registrar the

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certificate has been executed by the attending physician and completely fille death certificate assembly should be detached for use as a burial transit permit. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed The bottom copy may be retained by the hospital or attending physician.

by

certificate has been executed

A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2256 CEDTICICATE OF BEATH

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DE	CEASED	
COUNTY Vashington	MARYLAND		yland county	Washing	ton
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN BOOMSDOTO RED	(in this place)	OR	gerstown	nd give neerest tow	n) /
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fahrney-Keedy Mu	ursing Home	STREET ADDRESS 115	E. Washing to	e location)	. <u></u>
3. NAME OF (First) (A	Aiddle)	(Lest)	4. DATE (Mon		(Yeer)
	COLA GA	BE	DEATH Fe	b. 3	1958
5. SEX 6. COLOR OR 7. SINGLE, MARRIEL WIDOWED, DIVO	ORCED.	F BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	
Female White (Specify) Win	dow June	13,1877	78 yrs.	Months Deys	Hours Min
done during most of working life, evan if refired) Housewife Own	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or) Fairplay,	oreign country) Maryland		EN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		
Charles Jacobs		Hester	A. Tritch		
	SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS		
(Yes, no, or unk.) (If Yas, give wer or dates of servica)	one	Mrs. Vi	rginia Shan	k-Har.R	13
	18. MEDICAL CER			IN	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				01	- AIND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	revoluted	erlerissele	rosi.		Theo,
-th	medizid	arierosele	15 /2a		This,

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

(IF EITHER, NOTIFY MEDICAL EXAMINER)

19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, ferm, fectory,

OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

21d. TIME OF INJURY (Month) (Day) (Yeer) 21e. INJURY OCCURRED (Hour) Not while et work et work

21f. HOW DID INJURY OCCUR?

44	. I nereby certi	ry mar i	attended the	deceased from	1	, 19.5. N, t	0 750	, 19. L.g, that I	last saw the deceased
	aline on the Oh	- 1	10 5 %		at	.201		and on the date state	
	Sula ourAmmer.		17.54	, and that dea	in occurred at	.HELL.M, Tro	om the causes	and on the date state	d above.
	SIGNATURE	2	2 . 1					(Street, city, town, stete)	A DATE SIGNED

		'N, rel	m-	M.D.	Boons	caro-
23.	BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF	CEMETERY OR CREMATOR		LOCATION (City, town, or county)

2-4-56
REGISTRAR'S SIGNATURE Rose REC'D BY REGISTRAR

enetery Hazerstown
25. FUNERAL DIRECTOR'S SIGNATURE Cemetery

ADDRESS Andrew K. Cofinan-Hajerstown,

3

20. AUTOPSY?

NO

(Slate)

w the deceased

(State)

YES

(County)

02212

DATE JUL. 4. (956

CARRELING STATE DEPARTMENT OF HEALTH-PALVINGRE, 12-112

CERTIFICATE OF DEATH

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BUREAU V. S.

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BECEINED

72 hours after death. After this director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

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02213

2210 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Washington	MARYLAND	STATE Penna COUNTY Fran	nklin	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give ne	arest town)	
OR and give nearest town)	(In this plece)	TOWN Waynesboro	00000	
Hagerstown Hospital Or	l o nav	naynesooro	70 X-0	
INSTITUTION OR		STREET (If rural give location) ADDRESS		
STREET ADDRESS Washington County	r Hosp.	Mt. Vernon Terrace		
3. NAME OF (First) DECEASED	Middla)	(Last) 4. DATE (Month)	(Day) (Yeer)	
(Type or Print) Maria	J. XQE	AXXXX Galindo DEATH 2/I	5/ 19 56	
5. SEX 6. COLOR OR 7. SINGLE, MARRI WIDOWED, DIV	ED, 8. DATE C		R 1 YEAR IF UNDER 24 HRS	
Female White (Specify)		6, 1955 yrs. Months	Deys Hours Min.	
10e. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS		2. CITIZEN OF WHAT	
dona during most of working life, even if OR ratired)	INDUSTRY		COUNTRY?	
		Baltimore, Md.	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Jaime XXXXXXXX Ga	lindo	Gretchen Kesmodel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS		
(Yas, no, or unk.) (If Yes, give wer or deles of service)		(piece Molatila	Jaynesboro, P	
	18, MEDICAL CER		I INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	/•/	ONSET AND DEATH	
67/.0 IMMEDIATE CAUSE (A)	Louisens	le d'a	2 days	
200 20 0	1	()		
DISEASES OR CONDITIONS, IF ANY, (B)	omiting +	Kronz-hen	6 dais	
GIVING RISE TO THE ABOVE CAUSE	7			
STATING UNDERLYING CAUSE LAST. DUE TO			/	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			1000	
19. DATE OF OPERATION 1 196. MAJOR FINDINGS	OF OPERATION		20. AUTOPSY?v	
TO THOUSE	- John Marie		YES NO TO	
21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home	, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	inly) (State)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, of IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)			
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a.	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
While	e Not while ork et work			
		81 01.00		
22. I hereby certify that I attended the decea	sed from	, 19.5 C., to 2/15, 19.5 C, that	last saw the decease	
alive on 2/15/, 19.56, and	that death occurred at	2:15/1 M, from the causes and on the date stat	ed above.	
SIGNATURE		ADDRESS (Straet, city, town, state)	DATE SIGNE	
a- M. Decon	M. D.	Born. Malande	16/56	
3. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		(Stata)	
REMOVAL (SPECIFY)	Non Osthada		NA.	
Burial 2/18/50 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	New Cathed		III.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	anni sonal	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS MELLO	
DHO. 16, 00 pray,	700000	Vermot mean	Melemous	
		The state of the s	The state of the s	

ALARYS AND STATE DEPARTMENT OF HEALTH-HAZELNOIL, 18 FEB SO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARGIN RESERVED FOR BINDING

VS. A15

The	2211 CERTIFICATE OF DEATH	Reg. Dist. No.
item of information carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME,) OF	DECEASED:
careful	COUNTY Washing fan MARYLAND STATE Md. COUNTY	washing for
ca	CITY (If outside corporate limits, write RURAL; LENGTH OF STAY CITY If outside corporate limits, write	
tion and	OR and give nearest town (in this place) OR TOWN Hagers to	03
nat ly	HOSPITAL OR STREET Alf rural giv	
m of informal	STREET ADDRESS Washington Co. Hospital Washington	- Ca Hospital
in co	3. NAME OF (First) (Middle) (Last) 4. DATE (Mon OF	ith) (Day) (Year)
of of	(Type or Print) Baby By (D31/194 DEATH:	2/8/ 1956
iten of d	RACE: WIDOWED, DIVORCED, /	Months Days Hours Min.
	Male White (Specify): 549/6 2/7/956 yrs.	- 8
every	10A. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): OR INDUSTRY:	try): 12. CITIZEN OF WHAT
ly e cs	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	and USA.
Supply te the c	O / P P /	
K. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	5
	(Yes, no, or unk.) (If Yes, give war or dates	1/2 / 1/1
	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
NESERVED UNFADING sicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
AD ::	IMMEDIATE CAUSE (A) LEAGUER SHOW	8/20
TH UNFAI	ANTECEDENT CAUSE (8)	0/:
0.4	DISEASES OR CONDITIONS, IF ANY, (B)	540
Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	•
) in	(C)	
- E	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
PLAINLY,	DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	
IA.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	YES NO T
P. P.	21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town)	(County) (State)
WRITE PL especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(County) (State)
5	21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
OR e is	2/1/1/ 2/82(1)	hat I last saw the deceased
20	0/0-/	
TYPE rect ag	alive of M, from the causes and on sign Appress	DATE STATED OF
SE TYF	Stoart puny M.O. Speed on	n 4/0/06
ASI	23. BUMAL CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City REMOVAL (SPECIFY)	y, town, or county) (State)
PLEASE	Aserial 1/1/400 Mointeguary Church School frank	114 Co, Temas
4	DATE REC'D BY LOCAL RESISTAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
	ptroll M. Almerman	encontrol 19



this this

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72 hours after death. After

within funeral

registrar v

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

director, the third copy

CERTIFICATE OF DEATH 2212

T)		TY	.0			1.			- 6
Dr	0	H	1	r	S	n	ma	n	

302

1. PLACE OF DEATH		1			
		2. USUAL RESIDENCE			
county Washington	MARYLAND	STATE Laryla	nd county	Washin	ton
CITY (If outside corporete limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corpora OR	te limits, write RURAL e	nd give neerest to	wn)
03 TOWN Hagerstown	61 yrs.	TOWN Hage	rstown		- 03
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giv	re location)	1
STREET ADDRESS 26 East Lee S			East Lee	St.	
3. NAME OF (First) DECEASED	(Middla)	(Last)	4. DATE (Mor	ith) (Day	(Year)
(Type or Print)	GE:	RBER	DEATH	eb. 24	. 19 56
S. SEX 6. COLOR OR 7. SINGLE, MAR RACE WIDOWED, D	RRIED, 8. DATE O	F BIRTH 9.	AGE lest birthday	IF UNDER 1 YEA	
Male White (Specify)	rried Dec	5 1891	64 yrs.	Months Dey	s Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, K	CIND OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CIT	IZEN OF WHAT
	OR INDUSTRY			CO	UNTRY?
13. FATHER'S NAME	ink Co	Latvia	AME	USA	
Todal Haman Camban					
Judel Hyman Gerber 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	i 17. INFORMANT & AD	C. Nache	en.sonn	
(Ver an except) (If Ver aborton an dates of annion)					
No	214-09-266	q Mrs. Rose	Gerber-1		ee St.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18, MEDICAL CER	TIFICATION			NTERVAL BETWEEN
420.0 IMMEDIATE CAUSE (A)	(priory on	- Occluse	on	1	mediately
0445.00	1 - A-A-	11/11		100	meacorey
DISEASES OR CONDITIONS, IF ANY, (B)	entro de Cothe	HENT Broses	ne		2 400,
STATING UNDERLYING CAUSE LAST, DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION				20. AUTOPSY?
))	ES NO
218. ACCIDENT WAS UNDERLYING 21b. PLACE (HO OF CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	oma, farm, factory, t, office bldg., etc.)	TIC. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
	la. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
	work at work		,	_	
22. I hereby certify that I attended the dec	eased from 7/2	9 19 3 to 2/2	10 Ja	that I last	saw the deserved
alive on Octob 195 and an	d that death occurred at	M, from the car	uses and on the	late stated ab	saw ille deceased
SIGNATURE		ADDRI	ESS (Street, city, tow	n, stete)	DATE SIGNED
Harry & Allen	M.D.	Kacotona	, ked	7	12417
23. VOURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county)	(State)
REMOVAL (SPECIFY) Burial 2-20-56	Billet Ahra	han Cemetery	nn Hab	22 = 4 = ===	Ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	RE O	2S. FUNERAL DIRECTOR'S SI	GNATURE	ADDR	ESS
- Fh 28 197 blest	Brevers				
DATE JEG. 68. 1736 10 HAWT, 1	V2-00-00	Andrew K. Co	III n-Ha	erstow	77

AND THE STATE OF STAT

HTASIC RETRICATE OF DEATH



BUREAU V. E.



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MARGIN RESERVED FOR BINDING

VS. A15-

CERTIFICATE OF DEATH

2258 CERTIFICATE OF DEATH Reg. Dist	No. 301
COUNTY Washington MARYLAND STATE Md. COUNTY Lack OF and give nearest (DWn) TOWN Williams Art Maryland STATE Of CITY(If outside corporate limits, write RURAL of this place) Town Williams Art Maryland STATE Of CITY(If outside corporate limits, write RURAL of this place) Town Williams Art Maryland STATE Of COUNTY Maryland CITY(If outside corporate limits, write RURAL of this place)	uston
DECEASED: (Type or Print) SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAY! OF BIRTH: WIDOWED, DIVERCED. SEX: 8. DAY! OF BIRTH: WIDOWED, DIVERCED. SEX: 8. DAY! OF BIRTH: OR AGE last birthday IF UNDER 1. Months I OA. USUAL OCCUPATION (Give kind of working life, or INDUSTRY: OR INDUSTRY: OF DEATH: Tel- Months I 10A. USUAL OCCUPATION (Give kind of North Color	ays Hours Min.
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give way or dates of service) ARPENTER 18. MEDICAL GERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	OVOLIA AL. INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4 yrs.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1 YES NO F
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while 1 at work 1	saw the deceased stated above. E SIGNED 7 Feb 52 county) (State)
	1. PLACE OF DEATH: COUNTY Useling and MARYLAND CITY (If equals corports limits, write RURAL) CITY (If equals corports limits, write RURAL) LENGTH OF STAY COUNTY Will equals corports limits, write RURAL and the state of services and se



FEB 24 1956

TO ATTENDING PHYSICIA

VS A15C 1-55 10M

Dr. Kohler

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

02218

			2.	0
Reg.	Dist.	No		

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAND	STATE Laryland county Washington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)
OR end give neerest town) Y TOWN S. 1 thsour, R. 2 7 yrs.	or town Smithsburg R#3
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR Ringgold Road	ADDRESS Ringsold Road
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) WILL, JAN STFINER GR	EEN, JR. DEATH Feb. 39. 19 56
S. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Lairied Feb.	F BIRTH 9. AGE lest birthday 1 F UNDER 1 YEAR 1 F UNDER 24 HRS Months Deys Hours Min.
	11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if refired) Engineer W. Ma. R. R.	Columbia Pa COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William S. Green, Sr.	Charlotte Birney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Kenneth W. Green
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420 IMMEDIATE CAUSE (A) Serella 4	emorrage 10 days
DISEASES OR CONDITIONS, IF ANY, (B)	Insufficiery 34ts
STATING UNDERLYING CAUSE LAST. (C) Hyper Lewis Pool	ar dio Was cutor diseaso Hyra
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/ TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1 11 11 11
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	In 195 to toffeld 2. In 19 that I last saw the deceased
alive on July 2.9 19.5.6, and that death occurred at.	5
SIGNATURE	ADDRESS (Street, city, town, stets) SPATE SIGNED
M.D. M.D.	Canitto fours 11/51
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY (City, town, or county) (Stole)
Eurial 3-3-56 Rose Hill	Cemetery Hagerstown, Ma.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
May 5.1936 May HT3 must	Andrew K. Coffman-Halerstown

Longuson

BECEINED

3261 7 9AM

S.V. UAARUE

STATE OF THE PROPERTY OF HEALTH-SALTANORS. IS

STANGATE OF DEATH

executed within 24 hours after death.

ATTENDING PHYSICIA TO HOSPITAL: The law requires that the death certificate. The bottom copy may be retained by the hospital or attending physician. **NSTRUCTIONS**

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2260

02219

Reg. Dist. No. 352

1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (HOME) OF DEC	EASED	
COUNTY Washington	MARYLAND	STATE MO.	COUNTY	lashing.	FEN
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		te limits, write RURAL end	give nearest town)	
OR end give nearest town)	(in this place)	OR	EURIKY		2
HOSPITAL OR	43 yes.	STREET	If rural give	acation)	
INSTITUTION OR STREET ADDRESS		ADDRESS	ást tatel dive s	ocation)	/
3. NAME OF (First)	(Middla)	(Lest)	4. DATE (Month)	(Dey)	(Yeer)
(Type or Print) MARTHA		Rimm	DEATH 2	22	19 56
5. SEX 6. COLOR OR 7. SINGLE, MARI	IVORCED.	OF BIRTH 9.			F UNDER 24 HRS
Franks White (Specify) pr	mused He	4 15,1895	60 yrs. ^	Aonths Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	ND OF BUSINESS	11. BIRTHPLACE (Steta or foreign	n country)	12. CITIZEN	
retired) Heusewits	Smostic	Washington	Co. md	. 4	-5.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Will Holmes		Ellen		risen	
	6. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	HONE	Chas, W.	GRIMM =	Jocunit	, md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	RTIFICATION	/		AL BETWEEN
430 CIMMEDIATE CAUSE (A)	ino sclen	the Heart de	ser with	24	12n +
- 110 TO	m. 10	1.0			
MILIECTORIAL CHOSE(3)	Myttim	tallust			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		1			
(C)		A.			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	4 chosis (Se	mile Manie Ty	pe)	60	lays
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20.	AUTOPSY?
				YES [NO [2]
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stete)
W		21f. HOW DID INJURY OCCUR?			
	/	150 E. 6	22		
22. I hereby certify that I attended the dece			22 , 1956		the deceased
alive on 77 56 , 19 56 , and	d that death occurred at				
SIGNATURE	15	2MDT ADDR	ESS (Street, dity, town,	itete) DA	TE SIGNED
I I musely	M. D	2011 France /	tallnow	2	3 10436
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown, o	or county)	(Steta)
Burin1 2/25/56	Rest HAVER	, Comotony	Horgen str	were .	md,
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	E	25. FUNERAL DIRECTOR'S SE		ADDRESS	
DATE JOB 2419 SZ Conastin	Boevers	Rest HANGY 1	FUNCTION CA	impost I	we.
		Wim	. A. Horsi	· V. Pro	T

CERTIFICATE OF DEATH

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Yes so	5-censy +3 yea
	MARTHA AMI G
1 10 1895 60 12 14 CS	
Eller L. From sen	W.11 1/2/1005

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BUREAU V. S.

FEB 27 1956

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(State)

24b. REGISTRAR'S SIGNATURE

		22	13	CERTI	FICA	TE OF DEATH	1	TEL SE	Reg. Dist.	No.	30	2
1.	PLACE OF DEATH a. COUNTY WE	shington		MARY	LAND	2. USUAL RESIDENCE (WE a. STATE Md		I. If institution b. COUNTY	Wash			
10	b. CITY OR TOWN (III RURAL and give ne Hagers		write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF C		mits, write RU Hager			est town)	
8	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, giv Washingto			tal	d. STREET ADDRESS RFD	#1			1 0	ON A F	FARM?
	NAME OF DECEASED (Type or print)	First Cori		Middle Grac	е	Grove	4. DATE OF DEATH	Mant Fe		19	Ye	56
5. :	female	6. COLOR OR RACE white	7. MARRI VIDOWE			March 17,	1905 9. 40	Obirthday) yrs.	Manths D	YEAR I	Haurs	Min.
10c	during most of wark	ON (Give kind of work do ing life, even if retired) WORK		wn home	R INDUS	TRY 11. BIRTHPLACE (Slote Hagerst	202		12. CITIZ	EN OF	WHAT	OUNT
13.	FATHER'S NAME	Harvey F	ade	n		14. MOTHER'S MAIDEN N	Ida Ida	Trov	inger			
		R IN U. S. ARMED FORCE (If yes, give wor or dates of serv		SOCIAL SECURITY NO		ames S. Gr	ove, Ha	gerst		RF	D 1,	Mo
		mmediate (DUE TO	se per lin	e far (a), (b), and (c).	nong l 2	Lenius	ion.			INTE	RVAL BETT ET AND E	WEEN DEATH
CERTIFICATION) (c). IER SIGNIFICANT COND	ITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CON	IDITION GIVE	EN IN PART	1(0) 19	PERFOR	
L CERTIFI		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	RIBE HOW INJURY O	CCU RRED	. (Enter nature of injury in	Part 1 ar Port II af	item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	20d. IN While at wark	Not while at wark		CE OF INJURY (Home, farm lary, street, affice bldg., etc		wn)	(Ca	iunty)	70	(State
	21. I certify the alive an	at I attended the of the 19	decease , 195			1956, to 1 occurred at 8/5/		causes a	nd an the		e stated	

22c. NAME OF CEMETERY OR CREMATORY

Scott F. Minnich & Son, Smithsburg, Md. DAIF 23.1956 ADDRESS

Smithsburg Cemetery

22d. LOCATION (City, tawn, ar caunty)

Smithsburg, Md.

may be retained by the haspite
TO FUNERAL DIRECTOR: After the TO HOSPITAL OR VS A15 (4) 15M 9/55

22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOYAL (Specify) 2-22-56

23. FUNERAL DIRECTOR'S SIGNATURE

2-22-56

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

rtificate has been signed by the attending physician and camp

page 3 should be detached for $v_{\rm se}$ as the burial-transit permit. Then please remave the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours

offer death

SI ZBOMY (SZEJTEJSKÝ RO TREMYDA DO BYAYZ TO ALYC antiques of countries and a good and and the angle of 19091 , T. 1404 E. T. 1909 LA HEOTENSAN TOTAL ONG TOTAL BALERO TOTAL AND Tened & Crove, ancested own. - ET 1. BUREAU V. S. 1991 AG 834 1891 South N. Cimilate a for saidantees, in a dalante N diooc

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and

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

VS. A15-10-53

INSTITUTION OR		ADDRESS		,	
STREET ADDRESS MAIN	STI		MAIN ST.		
3. NAME OF (First) DECEASED: (Type or Print) EDNA M	(Middle)	(Last)	4. DATE (Month) OF DEATH: FEBRUAR	(Day) (Year)	
5. SEX: 6. COLOR OR 7. SINGLE.	MARRIED, 8. DAT	E OF BIRTH:	9. AGE last birthday Ir under Months 62-1-14 yrs.		
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIFE	OR INDUSTRY:	BROWNSVILLE	State or foreign country): 12 WASH.Co. IMO.	COUNTRY?	
13. FATHER'S NAME: Unknown		ADA	L. FOUCHE		
(Yes, no, or unk.) (If Yes, give war or dates of service)	NONE.	HARVEY E.	A ADDRESS: HARDING BROWN	SVILLE MD.	
	8. MEDICAL CERTIFICA		A STATE OF THE PARTY OF THE PAR	INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE ANTECEDENT CAUSE (S)	(A) Chur	mpm -	antho	18 mare:	
DISEASES OR CONDITIONS, IF ANY.	(B)				
II OTHER SIGNIFICANT CONDITIONS CO	(C) NTRIBUTING				
TO THE DEATH BUT NOT RELATED TO	THE			0.000	
DISEASE OR CONDITION CAUSING DE	FINDINGS OF OPERATI	anthe -		20. AUTOPSY7	
21A. ACCIDENT WAS UNDERLYING 21I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, for INJURY street, office bld	g., etc. INJURY OCCU	DID (City or town) (Cou	nty) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURR While Not while at work		INJURY OCCUR?		
22. I hereby certify that I attended th	e deceased from	19.7, to 2		st saw the deceased	
alive on					
23. BURIAL, CREMATION, DATE THERECO	356 CHURCH OF TH	TERY OR CREMATORY	METERY BROWNSY	LLE MD.	
DATE RECID BY LOCAL REGISTRARYS	SIGNATURE	24. FUNERAL D	DIRECTOR	ADDRESS	

LEB 8 1826

BECENTED

20. AUTOPSY ? Yes \ No \

(STATE)

Interval Between

Onset And Death

(Day)

(Year)

19 5

COUNTRY?

WHAT

1.7., 196., that I last saw the deceased 22. I hereby certify that I attended the deceased from / alive on

NAME OF CEMETERY OR CREMATORY

M. from the causes and on the date stated above. and that death occurred at SIGNATURE (Degree or title) DATE SIGNED

(Specify) DATE REC'D BY LOCAL REGISTRAR'S

BURIAL, CREMATION,

LOCATION (City, town, or county)

ADDRESS

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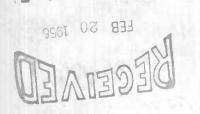
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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2214	CERTIFICATE	OF	DEATH

Reg. Dist. No. 302

DOONSBORD MD

-		6614	or Different Meg. D	150, 110.
ully.		1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	SED:
Houlder ST. ST. information carefully clearly and legibly.	d legibly.	COUNTY WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURA	ASHINGTON L and give nearest town)
300	and	OSTOWN HAGERSTOWN 2 WEEKS	TOWN BOONSBORD	
25	clearly	HOSPITAL OR INSTITUTION OR	STREET (If rural give locati	ion)
8 35	les	SISTREET ADDRESS WASH . CO. HOSPITAL	N. MAIN ST.	EXTENDED
A to	th c	DECEASED:	Last) 4. DATE (Month) OF	(Day) (Year)
4	68			ARY - 9- 1956
The state of	of death	RACE: WIDOWED, DIVORCED.	OF BIRTH: 1883 9. AGE last birthday IF UNDE Months 24 - VASA 72 - 6 - 15 yrs.	
G	causes	MALL WHITE WARRIED CULV- 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS Work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT
5	(an	even if retired):	TIFFIN OHIO	
Zi b	0	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	VI S.A.
BINDIN	the	13. PAIRERS NAME:	14. MOTHER O MAIDEN HAME.	
SI SI	e e	ANDREW HARTMAN .	CATHERINE SPEC	1
	. E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
FOR	- /1	(Yes, no, or unk.) (If Yes, give war or dates of service)	Name Caum IIIA Desault G.	100
E F	ease	100		INSBORD IND.
4 5	lea	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
E	pl		13000 140	
RESERVED	S	IMMEDIATE CAUSE (A) acute con	vary occlusion Laraxa	I Few must
RESE	iar	ANTECEDENT CAUSE (S)		
	0.2	DISEASES OR CONDITIONS, IF ANY, (B) Chiterios	classice that disrave	- 5 cm
MARGIN	4	STATING UNDERLYING CAUSE LAST. DUE TO	clantic hast disrave	
N B	at.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	V	
M	tal	TO THE DEATH BUT NOT RELATED TO THE		
	0 0	DISEASE OR CONDITION CAUSING DEATH.		
M	important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	· ·	20. AUTOPSY?
A I	-	0		YES NO
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (C etc. INJURY OCCUR?	ounty) (State)
Thiam	b-	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While at work at work	21F. HOW DID INJURY OCCUR?	
	38.			
53 53 50 50 50 50 50 50 50 50 50 50 50 50 50	न व	22. I hereby certify that I attended the deceased from alive of S, 1956, and that death occurred at	12.45AM, from the causes and on the da	
- 10 - 53 myor	_	SIGNATURE Sombake M	154 W. Weshington S.	Miel Signed
. A15 —	20	23. BURÍAL, CREMATION, DATE THEREOF NAME OF CEMETE	0 0	
K E		BURIAL FEB. 11-1956 DOONSBORD	MAUSOLEUM DOONSBORD W	ADDRESS
S C	4	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	WM CO C	
			IVE . I DAST AND JONE 100	NSBGRO MD

WM.F. BAST AND SONS

10 - 53A15 VS. The

BR. WARE

DECENED

15 1029 15 1029 ··

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	02224
0000	CEL	PULLIC VILL	OI	DEATH	***	0.6663

2263	CERTIFICATE	OF	DEATH	
46.11.		-		

2203 CENTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR
X TOWN Rural Big Pool 6 mo.	TOWN Rural Big Pool, Md.
HOSPITAL OR INSTITUTION OR Residence	ADDRESS Indian Spring Road
NAME OF (First) (Middle) DECEASED: (Type or Print) Achsia E. Hill	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 7 1 195 6
RACE + WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS Min. Months Days Hours Min.
work done during most of working life, even if retired): A. USUAL OCCUPATION (Give kind of NOB KIND OF BUSINESS OR INDUSTRY: Duties	Fulton Co., Pa. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U.S. A
3. FATHER'S NAME: Moses True	Mary Ophman
s. Was Deceased Ever In U.S. Armed Forces: (Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. June McAllister -Big Pool, Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH 153 X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	Concuerna of Calon 24.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
4 10 54 CALLO CALLODA	N 20. AUTOPSY? YES NO X
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State)
OF INJURY While at work Not while at work	
OF INJURY M. While at work at work 22. I hereby certify that I attended the deceased from	7, 195% to 2/18, 1956, that I last saw the deceased
22. I hereby certify that I attended the deceased from 192. alive on 2/18, 1956, and that death occurred at SIGNATURE	M, from the causes and on the date stated above. ADDRESS D. Williams A. 20 Feb. 30.
22. I hereby certify that I attended the deceased from 1950, and that death occurred at SIGNATURE M. while at work in the Not while at work in the work in the strength of th	M, from the causes and on the date stated above. ADDRESS DATE SIGNED

BUREAU V. S.

LEB S4 1620

BECEINED

lease	shaul		cremo	
5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	A ego	,	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremal	
necess	or. P		r to b	
ay is	direct	lies.	r pria	
y del	neral	your f	gistra)
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VS	. A	15/	ME(42
4	SAA	9/	55	

		2264 ME	DICA	L EXAMINER	'S CER	TIFICAT	TE OF	DEATH	Reg. [() 2 Dist. No	22	5
1.	PLACE OF DEATH a. COUNTY	Washingto	nn	MARYLAN	n. STA	TF	Vhere decease	ed lived. If Institu b. COUNT	V		fore edm	
1	and give negreet town	outside corporate limits, writ		c. LENGTH OF STAY IN 1	b c. CIT	Poonsb		orate limits, write	RURAL or	nd give n	earest to	wn)
C	d. NAME OF HOSPITA		If not in hos	pitat, give street address)	d. STR	REET ADDRESS	# 2			1	ON	RESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fir Jo	ohn	Middle Huber	t Hin	Lost 10 8	4. DATE OF DEATH	Mont Feb.	27	Day		Year 19 56
5.	Male Male	6. COLOR OR RACE white	7. MARRII WIDOWEI	D DIVORCED	B. DATE OF	BIRTH 2, 189		9. AGE (In years last birthday) 59 yrs.	Months 9	Down 25	Hours	DER 24 HRS. Min.
100	during most of working Labor	g life, even if retired)		and of Business or IND Im Bester Flo		Boons b	1		12. CI		USA	COUNTRY
13	FATHER'S NAME	John L. H	ines		14. MOTH	Emma K		er		1.19	Ŧ.	
		ER IN U. S. ARMED FO (If yes, give war or dates of W.W. #	service)	SOCIAL SECURITY NO. 17	Mrs.	Annie K	. Hine	Address B - R #	2 Bo	onsb	oro.	Md.
	PART I. DEAT	TH [Enter only one county WAS CAUSED BY: IMMEDIATE CAUSE (a)		for (a), (b), and (c).] Acute coro	nary th	rombosi	8			INTE	T AND DE	/EEN
	Conditions, if or gave rise to immed (a), stating the ucause last.	ny, which (b)		Hypertensive	cardio	vascul	ar dis	ease				
CERTIFICATION	PART II. OTH		None	ONTRIBUTING TO DEATH BU	T NOT RELATE	D TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA		9. WAS PERFO YES [AUTOPSY ORMED? NO 🔀
	20g. EXTERNAL CAU PRIMARY G G CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	. (Enter nature	of injury in Parl	l I or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Nonth, Day, Year	While	NJURY OCCURRED 20e. F	actory, street, o	IRY (Home, farm office bldg., etc.	20f. (City	or fown)	(Co	ounty)	Green	(State)
				emains described a Accident , S				spection X	_	ry 🔲	, and	find that
100	ACTUAL SIGNATURE	& Pole	71	hells	M.D.	EF MEDICAL EX	_	A			DATE S	SIGNED
	EXAMINER'S NAME (Type)	S. Robert		s, M.D.		UTY MEDICAL E		_	2-2	8-56	î, a	
220	BURIAL (Specify) Burial	3-1-56	F	20c. NAME OF CEMETERY O	OR CREMATOR	Y	-	onsboro	or county)	Was	(Stot	o) Ma
23.	FUNERAL DIRECTOR	S SIGNATURE Horw By	John 7	ADDRESS Boons be	oro, Md		D BY REGISTE		STRAR'S SI	GNATU	Bas	X

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

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item of information carefully.

OR WRITE PLAINLY, WITH UNFADING INK. Supply every

VS.

PLEASE TYPE

maryland state department of health—baltimore, 18) 2226

2215 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY Washington MARYLAND	STATE Penna. COUNTY Wash.				
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY					
OR and give nearest town) ARTOWN Hagerstown (in this place) VYS.	TOWN Waynesboro				
~ 11dg011001111	STREET (If rural give location)				
HOSPITAL OR MARTIN Manor Rest Home	ADDRESS 110 S. Broad St.				
STREET ADDRESS MAL VIII MANOI NOSO HOMO	110 S. Broad St.				
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)				
DECEASED: Emma Cora Hoov	ver OF DEATH: Feb. 8, 1956				
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HE				
female white (Specify): single Oct. 2	27, 1861 94 yrs. Months Days Hours Mi				
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH				
work done during most of working life, even if retired): OR INDUSTRY:	Smithsburg, Md.				
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
David Hoover	Elizabeth Stephey				
IS, WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:				
(N) and N (N) No. of the man on dates	Raymond Spahr, Smithsburg, Md.				
no of service)	Raymond Spant, Smithsburg, ma.				
18. MEDICAL CERTIFICAT	ION INTERVAL BETWE				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA				
3311×	10000				
IMMEDIATE CAUSE (A)	Byonder freumonia 36 les				
ANTECEDENT CAUSE (S)					
DISEASES OR CONDITIONS, IF ANY. (B) // Leby	1 Colerin -Schanin 7 un				
GIVING RISE TO THE ABOVE CAUSE	7 10000				
STATING UNDERLYING CAUSE LAST.	11/100				
(C) / END OF	mer cufery sceroes 15 4				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY				
	YES NO				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (County) (State)				
21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)					
210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?				
	21F. HOW DID INJURY OCCUR?				
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR? 7. , 185 Groffer 8, 195 G that I last saw the decease				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from the state of the	1., 185. Cooker 8, 195. 6 that I last saw the decease				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work at work alive on 1956, and that death occurred at					
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from the state of the	, 185 65 8, 193 6 that I last saw the deceases.				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work alive on SIGNATURE. 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at wo	5. A. M, from the causes and on the date stated above. ADDRESS DATE SIGNED (6)				
21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Not while at work at work at work alive on SIGNATURE 1. 1956, and that death occurred at SIGNATURE 1. NAME OF CEMETIC REMOVAL (SPECIFY) 1. 1956 Smiths burne	M, from the causes and on the date stated above. ADDRESS DATE SIGNED SET OR CREMATORY LOCATION (City, town, or county) (States)				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while 22. I hereby certify that I attended the deceased from alive on SIGNATURE 1, 1956, and that death occurred at 33. BURIAL CREMATION, DATE THEREOF NAME OF CEMETIC	ADDRESS A M, from the causes and on the date stated above. ADDRESS DATE SIGNAD SERV OR CREMATORY LOCATION (City, town, or county) Cemetery Smithsburg, Md.				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work alive on SIGNATURE AND ADDRESS AND ADDRE	M, from the causes and on the date stated above. ADDRESS DATE SIGNED SET OR CREMATORY LOCATION (City, town, or county) (States)				

BUREAU V. S.

1920 I # 1920

DECENTED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02227

2216 302 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY Washington b. COUNTY MARYLAND Washington Md b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) Hagerstown Hagerstown VIS. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 136 Winter St. Garlock Nursing Home YES NO X NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH Horning Feb 28 19 56 Mary Elizabeth (Type or print) 9. AGE (In years lost birthday)
72 yrs. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Female White WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
House Wife Own Home Fairplay Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albertus Stover Martha Danner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs. Martha Negley Md. Hag. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY owner Anned with IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m. · March 26 21. I certify that I attended the deceased from ____, and that death occurred at 2-30/M, from the causes and on the date stated above. olive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Manor Cemetery Near Tilghmanton

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

ADDRESS

Hag. Md.

0 VS A15 (4) 1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

F. Minnich & Son

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			SA LO SASTRE PLUT APPEAL TO
BUREAU V. S.			
0961			
		and roomed to	50-1-6 (B) (B) (B)
NECELVEN	Para Saya	. br safe - no-	a do militar de c

A15 VS.

y. The	Come ter signed: 7.6.21-16 MARYLANDSPATE DEPARTMENT 5. Robert 10.000 20.00. CERTIFICATI DMF. Work to MACERTIFICATI	T OF HEALTH—BALTIMORE, 18 C OF DEATH Reg. Dist.	02228 No. 302
carefully.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
carefull legibly.	COUNTY Washington MARYLAND	STATE Maryland county Washi	ngton
	OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town
tion and	OSTOWN Hagerstown 1 yr.	Hagerstown	63
item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 626 Salem Avenue	STREET If rural give location) ADDRESS 626 Salem Avenue	/
f in	DECEASED:	(Last) 4. DATE (Month) (I	Day) (Year)
m of i	(Type or Print) Paul Orator	Horton DEATH: Feb. 20	
iten of d	RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y Months D	ays Hours Min.
	Male White (Specify): Married March	12, 1892 63 yrs. 11 11. BIRTHPLACE (State or foreign country): 12.	Ö
causes	work done during most of working life, OR INDUSTRY: even if retired):		COUNTRY
	Miner 13. FATHER'S NAME:	Dudley, Pa.	U.S.A.
Supply te the c	Isaac Newton Horton	Emily Sweet	
. E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
G INK.	(Yes, no, or unk.) (If Yes, give war or dates Yes of service) W.W.#1 193-09-6088	Miss Elva Horton, Hagerstown,	Md.
WITH UNFADING nt. Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE STATING UNDERLYING CAUSE LAST. IMMEDIATE CAUSE (A) OUE TO DUE TO	l Henorrhage sclerosis Generalized	3 days
W int.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1
LY, orts	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
PLAINLY, W	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V	20. AUTDPSY7
-	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID (City or town) (Count, INJURY OCCUR?	
P	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
PLEASE TYPE OR correct age is	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE Brod-Top (7.0/AM, from the causes and on the date s ADDRESS DAT OR CREMATORY LOCATION (City, town, or	stated above. E SIGNED 2 -2/-5/ county) (State
Д	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RESISTRAR OF ASSESSED O		ADDRESS
	see, will be properly	Suter-Rouzer Fun. Home, Hagers	stown, Md.

DECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2265

1. PLACE OF	DEATH		2. US	UAL RESIDEN	CE (HOME) OF DECI	ASED
COUNTY CITY (If out of	Washington side corporate limits, write RURA ve neerest town)	MARYL LENGTH Of (in this p	F STAY CIT	ALCOHOL: NO SECTION AND ADDRESS.	county W	ive neerest town)
HOSPITAL OF	W.Main St Har		Yrs TO	256 W.	Main St Hance	ook Md.
INSTITUTION STREET ADDR	OR			DRESS	W.Main St Ha	
3. NAME OF DECEASE (Typa or Print)		(Middle)	(Lost)		4. DATE (Month) OF DEATH 2	(Day) (Yes
5. SEX	6. COLOR OR 7. S	Van Buren SINGLE, MARRIED, WIDOWED, DIVORCED,	Keefer 8. DATE OF BIRTH	9	. AGE lest birthday 1F	UNDER 1 YEAR IF UNDER
M 10e, USUAL OCCU	JPATION (Give kind of work	(Specify) Married 1 Db. KIND OF BUSINES	April 1 188	LACE (State or foreig		Days Hours
Travkd For	most of working life, evan if	OR INDUSTRY BEO Railroa	d Fulto	n County	Penna.	COUNTRY?
13. FATHER'S NA			14. M	OTHER'S MAIDEN N		
	Keefer ED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL SEC	LIBITY NO.	Phoebe		
(Yes, no, or unk.)	(If Yas, give war or dates of				Ceefer 256 W.J	Wain St Hance
I DISEASES OR	CONDITIONS DIRECTLY LEADIN	IS TO DEATH	DICAL CERTIFICAT	ION		INTERVAL BETY ONSET AND D
420.1 IM	MEDIATE CAUSE (A)	Porm	ary 8	cclus	in	Fow m
ANT	ECEDENT CAUSE(S) DUE 1	ro A. L	A 00	, _ }		
DISEASES OR CO	THE ABOVE CAUSE YING CAUSE LAST. DUE 1	under	wersen	ore -	<u> </u>	
STATING LINDER	YING CAUSE LAST. DUE 1					
O		TING				
11 OTHER SIGNIFIC TO THE DEATH	ANT CONDITIONS CONTRIBUT BUT NOT RELATED TO THE INDITION CAUSING DEATH,					
11 OTHER SIGNIFIC TO THE DEATH	BUT NOT RELATED TO THE INDITION CAUSING DEATH,	OR FINDINGS OF OPERATION	N		•	2D. AUTOP
11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19a. DATE OF OP 21e. ACCIDENT WOR CONTRIBUTING	BUT NOT RELATED TO THE INDITION CAUSING DEATH ERATION 19b. MAJ /AS UNDERLYING 21b. CAUSE OF DEATH OF 1	OR FINDINGS OF OPERATION PLACE (Home, farm, factor, INJURY street, office bldg., etc.)	y, 21c, WHERE	DID INJURY OCCUR	? (City or town)	ZD. AUTOP: YES NC (County) (State
11 OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19a. DATE OF OP. 21a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY	BUT NOT RELATED TO THE ENDITION CAUSING DEATH, ERATION 19b. MAJ (AS UNDERLYING 21b.	PLACE (Home, farm, factor, INJURY street, office bldg., etc. (Hour) 21a. INJURY OCCU. While No	y, 21c. WHERE	DID INJURY OCCUR		YES NO
11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19a. DATE OF OP. 21a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJURY)	BUT NOT RELATED TO THE INDITION CAUSING DEATH. ERATION 19b. MAJ (AS UNDERLYING 121b. CAUSE OF DEATH MEDICAL EXAMINER) JRY (Month) (Day) (Yaar)	PLACE (Home, farm, factor, INJURY street, office bldg., etc. (Hour) 21s. INJURY OCCU While No	y, 21c, WHERE JRRED 21f, HOW	DID INJURY OCCUR	, 0	YES NC (County) (State
11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19a. DATE OF OP. 21a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJURY)	BUT NOT RELATED TO THE NOTITION CAUSING DEATH. REATION 19b. MAJ (AS UNDERLYING 21b. CAUSE OF DEATH OF I MEDICAL EXAMINER) JRY (Month) (Day) (Yaar)	PLACE (Home, farm, factor, INJURY street, office bidg., etc. (Hour) 21a. INJURY OCCU, While No. at work etc.	JRRED 21f. HOW twhile work 2	DID INJURY OCCUR		YES NO (County) (State that I last saw the de
11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19a. DATE OF OP. 21a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU. 22. I hereby alive on SIGNATU.	BUT NOT RELATED TO THE NOTITION CAUSING DEATH. CRATION 19b. MAJ (AS UNDERLYING 21b. CAUSE OF DEATH OF I MEDICAL EXAMINER) (AS UNDERLYING 27b. (AS UNDERLYING 27b. (AS UNDERLYING 19b. (AS UNDER	PLACE (Home, farm, factor, INJURY street, office bidg., etc. (Hour) 21a. INJURY OCCU, While No. at work etc.	JRRED 21f. HOW twhile work 2	DID INJURY OCCUR	rivak,	YES NO (State of that I last saw the de stated above.
11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19a. DATE OF OP. 21a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU. 22. I hereby alive on SIGNATU.	BUT NOT RELATED TO THE NOTITION CAUSING DEATH. CRATION 19b. MAJ (AS UNDERLYING 21b. CAUSE OF DEATH OF I MEDICAL EXAMINER) (AS UNDERLYING 21b. (AS UNDERLYING 27b. (AS UNDE	PLACE (Home, farm, factor, INJURY street, office bidg., etc. (Hour) 21a. INJURY OCCU, While No at work etc. ad the deceased from	JRRED 21f. HOW work Coccurred at 1	DID INJURY OCCUR	auses and on the date	(County) (Stet-
11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19a. DATE OF OP 21a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY) 21d. TIME OF INJU. 22. I hereby alive on	BUT NOT RELATED TO THE INDITION CAUSING DEATH. ERATION 19b. MAJ (AS UNDERLYING 12b. (CAUSE OF DEATH MEDICAL EXAMINER) (CAUSE OF DEATH MEDICAL EXAMINER) (COPTION HAT A attended 12 15 16 16 16 16 16 16 16 16 16 16 16 16 16	PLACE (Home, farm, factor INJURY street, office bldg., etc. (Hour) 21e. INJURY OCCU, While No at work of the deceased from, and that death	JRRED 21f. HOW work Coccurred at 7. HOW CEMETERY OF CREMATOR	M, from the co	auses and on the date ESS (Street, city, town, st	(County) YES NO (Stellar No (
11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 198. DATE OF OP. 216. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJUSTICAL TIME OF I	BUT NOT RELATED TO THE INDITION CAUSING DEATH. ERATION 19b. MAJ (AS UNDERLYING 21b. 21b. 21c. 21c	PLACE (Home, farm, factor INJURY street, office bldg., etc. (Hour) 21e. INJURY OCCU, While No at work of the deceased from, and that death	JRRED 216. WHERE 1 while work 216. HOW occurred at 1	DID INJURY OCCUR	auses and on the date ESS (Street, city, town, st LOCATION City, fown, or Hancock Wa	that I last saw the de stated above.

SF CERCHITE STATE DEPARTMENT OF MEALTH-BATTIRORE, 18

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OF SAVELINE

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TOLDER DEVEN

EUREAU V. S.

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ESTATE A PROPERTY

registrar within 72 hours after death. After this by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2218 CERTIFICATE OF DEATH

02230

	2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY Washington	MARYLAND	STATE Pa		COUNTY	Fran	klin	
CITY (If outside corporate limits, write RURAL OR and give necess town)	LENGTH OF STAY (in this place)			limits, write RURAL	end give nee	erest town)	
Hagerstown	9 Days	TOUR	Rural.	Waynesh	oro	72	74 3
HOSPITAL OR	1 / Days	STREET	acces care	V	give location)		10-0
INSTITUTION OR STREET ADDRESS	. TY 1 A - 7	ADDRESS	T.T	hama D-	4/7		. /
3. NAME OF (First)	V ROSDIUBL (Middle)	(Lest)		boro Pa.		(Dey)	(Yaar)
DECEASED (Type or Print)			P. F. F. F.	OF		(DeA)	
Richard		Kendall			Feb.	3,	1956
5. SEX 6. COLOR OR 7. SINGLE, MARR	VORCED.	OF BIRTH	9.	AGE last birthday	Months	Days	Hours Min
Male White (Specify) Ma	rried June	26, 1922		33 yrs		Days	Hours Min
10a, USUAL OCCUPATION (Give kind of work 10b, KIN	D OF BUSINESS	11. BIRTHPLACE (Stala	or foreign c	ountry)	12		N OF WHAT
4 4	us Metal Work	s Smiths	burg M	d.		CONN	S.A.
13. FATHER'S NAME		14. MOTHER'S M					
Arthur E. Kendall		Mar	ude We	bb			
	S. SOCIAL SECURITY NO.	17. INFORMA	NT & ADDR	155			
(Yes, no, or unk.) If Yes, give war or dates of service)		7. 1110000	14 0		111.1		1 01
les V World War 2 2	14-16-1445	Mrs 220	llyis.	Mendal	ll, lla	yrea2	forola.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI		/		1	INTE	RVAL BETWEEN
						1 0112	
59xv	anda slam	0 .	108	· 1: =		1 0	4 45
570 X IMMEDIATE CAUSE (A)	cute glow	erulo n	rpho	itis o	Wen	in o	Word 2
MIMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO	cute glone	erulo n	rpho	itis o	wen	ia O	wick
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	eute glom	erulo n	rpho	itis 0	Wen	ia O	wrek
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	cute glow	erulo n	rph	itis c	wen	20	wick
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							wrek
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							Wick.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ren respirati					?	3 wh
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ren respirati					?	3 Wh
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OLE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS 21c. ACCIDENT WAS UNDERLYING OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21c. Whi at w	OF OPERATION e, farm, factory, office bidg., etc.) INJURY OCCURRED la ork Not while at work	21c. WHERE DID INJURY	OCCUR?	"Sore I	Coul	7 20 YES	3 WW. AUTOPSY? No (State)
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DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS 21e. ACCIDENT WAS UNDERLYING OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. Whi M. at w 22. 1 hereby certify that I attended the decertained on the control of the	OF OPERATION e, farm, factory, office bidg., etc.) INJURY OCCURRED la Not while ork at work as two that death occurred a that death occurred a	21c. WHERE DID INJURY 211. HOW DID INJURY	OCCUR?	"Sone H	(Cour	7 20 YES nty)	AUTOPSY? No (Stata)
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OLE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS 21e. ACCIDENT WAS UNDERLYING OF INJURY street, OF INJURY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. Whi at w. 22. I hereby certify that I attended the decentification of the control of the	OF OPERATION e, ferm, factory, office bidg., etc.) INJURY OCCURRED la ork Not while ork at work that death occurred a NAME OF CEMETERY OR	21c. WHERE DID INJURY 21f. HOW DID INJURY 6, 19. Jb, to 1.310. fM, from	OCCUR? (OCCUR? ADDRES	City or town) City or town) Ses and on the Ses (Street city, to	(County) date state own (state)	7 20 YES nity)	AUTOPSY? No (State) w the decease e. CATE SIGNE (State)
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS 21e. ACCIDENT WAS UNDERLYING OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) White at w. 22. I hereby certify that I attended the deceivaling on the control of the con	OF OPERATION e, ferm, factory, office bidg., etc.) INJURY OCCURRED la Not while ork at work that death occurred a man and the man and th	21c. WHERE DID INJURY 21f. HOW DID INJURY 6, 19. Jb, to 1.310. fM, from	OCCUR?	City or town) City or town) as and on the session (City, to Quincy, F	(County) date state own (state)	7 20 YES nity)	AUTOPSY? No (State) w the decease

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	2266	CERTIFIC	CATE OF D	DEATH			Reg. Dist.	No. 302
1. PLACE OF DEATH O. COUNTY Washin	gton	MARYLAN	II PLATE	DENCE (Where		d. If institution	: Residence b	pefore odmission)
b. CITY OR TOWN (If outside con RURAL ond give nearest town)		c. LENGTH OF STAY IN 1	11	TOWN (IF ouls		limits, write RUI		
d. NAME OF HOSPITAL (If not in the second of institution of institution) Mennonite		address)	d. STREET A	DDRESS		I B	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Emma	First	Katie Middle	Kershner	4	DATE OF DEATH	Feb Manth	26	Day Year 19 56
Female Whi	te widow	-665	Aug. 8	, 1866		89 yrs.	Manths Day	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even House Wif	nd af work dane en if retired) e	Own Home		ACE (State or PT 095	foreign cauntr	y)	12. CITIZEN	N OF WHAT COUNTRY
George W.			14. MOTHER'S		e Cos	еy	52	
15. WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give w	ARMED FORCES? 16.		7. INFORMANT J. Clyde	Cunni	ngham	Cear	foss	Md.
18. CAUSE OF DEATH [Enter PART I. DEATH WAS C. IMMEDIAT		ne for (a), (b), and (c).] Restaurt - CV	rteno solo	enter (Carrhi	vasail	N G	NTERVAL BETWEEN DISET AND DEATH
Canditions, if any, which	DUE TO de	sem with m	your tide	I faile	N			10 yp +
gave rise to immediate case (a), stoting the underlying couse last.	DUE TO							
PART II. OTHER SIGNIF 20a. ACCIDENT WAS UNDERING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINA	L DISEASE CO	NDITION GIVEN	IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO SY
	OF DEATH A	CRIBE HOW INJURY OCCU	RRED. (Enter nature a	f injury in Parl	I ar Part II a	item 18.)		
20c. TIME OF INJURY Month, Hour a.m. p. m.	Day, Year 20d. I While at wor	Nat while	PLACE OF INJURY (I factory, street, affice	Home, farm, bldg., etc.)	20f. (City or to	own)	(Coun	nly) (State)
21. I certify that I atte	nded the deceas	10	, 19 <u>46</u>	, to 9	Teb M from th			t saw the deceased
ACTUAL SIGNATURE	Trush	4	м.в. 2 3			city or town, ste		DATE SIGNES
PHYSICIAN'S F. F.	Lusby		Ha	yen	Am	MI		
Burial 2-	29-56	Salem Ref			_	(City, town, or earf os		(State)
Scott F. Minn	ich & So	n Hag. Md.		24g. REC'D 8	Y REGISTRAR	24b. REGISTR	HAR'S SIGNA	TURE

Las Sir a single state	TE OF DEATH	CERTIFICA	
no Jun In	ble grotroed	Store 25	no talidan
			and address.
at Section Res	on year Contract	red cital	
	BI RESTRECT	6 (25)(2 (104)) ust 2 (25)(14)(1 (10 (10)) u h fill (100)	Found Nichael
DE STATE	o elma		Campy W byrose to
. LA sectreet an	Clyde duning		
DEEAU V. S.	en A Loberton Literatura	M. C. and Book wicely last book	AND and below making the property of the control of
DECEIVED 1956		recut recut recut recut recut	

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIA OR HOSPITAL: The law requires that the death certifical. The bottom copy may be retained by the hospital or attending physician. ATTENDING PHYSICIA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2219 CERTIFICATE OF DEATH

Dr. Bell

02232

	Keg. Dis	t. No
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Washington MARYLAND	STATE Laryland COUNTY Was	hington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this piece)	CITY (If outside corporeta fimits, write RURAL end give na OR	arast town)
2 TOWN Ha erstown 5 days	TOWN Ha erstown	- 63
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location	
STREET ADDRESS Washington Co. Hospital	24 East Antietan	St.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Day) (Yeer)
(Type or Print) VIRGINIA BELLE	THE RESIDENCE OF THE PARTY OF T	16. 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED,	E OF BIRTH 9. AGE lest birthdey IF UNDE	R 1 YEAR IF UNDER 24 HR
Female White (Specify) Widowed hay	23, 1864 91 yrs. Months	Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS		2. CITIZEN OF WHAT
done during most of working life, even if retired) Housewife Own Home	Slanesville, W. Va.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jonathan Kidwell	Martha Kidwell	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yas, no, or unk.) (If Yes, give wer or detes of service) None	Mr. Guy S. Kidwell	
18. MEDICAL C		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
7	onia (terminal)	2 days
ANTECEDENT CAUSE(S) DUE TO		The state of the s
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE DUE TO		
161	and minds indicate	
22 OTTER SIGNIFICATIONS CONTRIBUTIONS	right hip.	6 days.
DISEASE OR CONDITION CAUSING DEATH.	ed arteriosclerosis	Years.
198. MAJOR FINDINGS OF OPERATION		20, AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY afreet, office bidg., stc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Co.	YES NO X
OR CONTRIBUTING CAUSE OF DEATH OF INJURY preet, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Hagerstown, Washingt	
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
Ebruary 10, 1956 M. While Not while at work	Fell over chair at her h	ome.
22. I hereby certify that I attended the deceased from Feb.	11, 19 56, to Feb. 16, 19 56, that	l last saw the decease
	a5:25PM, from the causes and on the date stat	ed above
SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNE
Rapul M.D.	Hagerstown, Maryland.	Feb.17,1
23. BURIAL, CREMATION, PARE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or coun	y) Co. (Stela)
Burial 3-19-56 Mt. Union	Cemetery Slanesville.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Cemetery Slamesville,	ADDRESS
DATE TRO, 20, 1956 Chart Bowers	Andrew K. Coffman-Hagers	town 14

IS CERTIFICATE OF DEATH

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and and all the Administration of the latter of the contract o

SI DECEMBER AND STATE BEFORE OF THE ALLE AND STATE OF A STATE OF A

BUREAU Y. S.

LEB 23 1956

ECEIN

HAGENSTOWN, Md

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No ... I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY MARYLAND n carefully. CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) TOWN FR5 TO WORL HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS formation clearly and STREET ADDRESS (First) (Middle) (Last) 4. DATE (Month) (Year) DECEASED (Type or Print) ANIEI KIMBIE DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday | If under I year |If under 24 hrs of inf WIDOWED, DIVORCED, Months | Dave | Hours | Min. NO V.10 (Specify) Jingola 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? ly every item the causes of bER TOWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LGIOLER 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 15. WAS DECRASED EVER IN U.S. ARREST CALLS (Yes, no, or unknown) (If yes, give war or dates of 217-18-17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. HADERSTOWN AND Suppl IR. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Na Antecedent cause(s) INFADING I Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not WITH U related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes P No 🗆 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. OF office bidg., etc.) TIME (Month) (Day) (Year) HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🙇, Inspection 🗔, Inquiry 🖂 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED coting And mud Cis 23. BURIAL, CREMATION DATE THEREO NAME OF CEMETERY OR OREMATORY LOCATION (City, town, or county) REMOVAL (Specify) HAVIEN COM 10054 DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2221 CERTIFICATE OF DEATH

	.4.4	W							Keg. Di	ST, 140.	
1. PLACE OF DEATH o. COUNTY	Washington		MAR	YLAND	2. USUAL RESI	Md.	ere deceased	lived. If institu b. COUN	otion: Resider IY Wash	ington	mission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits	, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If o	utside corporo	te limits, write	RURAL ond	give negrest t	own)
	erstown		2 Wee	ks		Ed	dgemont		1 3		
d. NAME OF HOSP OR INSTITUTION		re street o	-		d. STREET	ADDRESS			1	10	RESIDENCE N A FARM?
3. NAME OF	First		Middl		Lo	-4	4. DATE	44	onth		
(Type or print)	Mary			abetl			OF DEATH		Feb.	24,	19 56
5. SEX Female	7.77. 0.1	7. MARRII	DIVORC	-	8. DATE OF BIRT $4/2/1.8$		9	AGE (In year lost birthday)		Days Hou	
10a. USUAL OCCUPAT	TION (Give kind of work de	one 10b. K	IND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (Stote	or foreign cou	ntry)	12. CI1	TIZEN OF WH	AT COUNTR
during most of wo	orking life, even if retired)	Н	ouse Wife		Ke	edysvi	ille Md		U	.S.A.	
13. FATHER'S NAME				PER S	14. MOTHER'S	MAIDEN N	IAME				
J	Israel Church	ney				Jane	e Metz				
15. WAS DECEASED EV	VER IN U. S. ARMED FORCE	ES? 16. S	OCIAL SECURITY N	0. 17. 11	NFORMANT	.).,	~t	1/2	ddress	/	2
Conditions, if gove rise to couse (o), stoting lying couse lost	any, which immediate g the under-	Ax	terio	scl	e7051.	د	Banks.				/
CAI	THER SIGNIFICANT COND								IVEN IN PAR	PEI	AS AUTOPSY REORMED?
OR CONTRIBUTION (IF EITHER, NOTIF	YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESC	RISE HOW INJURY (OCCURRE), (Enter nature o	of injury in P	Port I or Part I	l of item 18.)			
20c. TIME OF INJU Hour o. m.	10	20d. IN. While of work	Not while of work		ACE OF INJURY (story, street, office			r town)	(4	County)	(Stote)
21. I certify salive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the 2/23 Charles	decease , 19 <u>5</u> In .		t death	accurred at	5:30 1		the causes et, city or town	and an t	last saw the date st	he decease ated abav DATE SIGNE
220. BURIAL, CREMATI REMOVAL (Specifi B)111a1	2/26/56		22c. NAME OF CEA	-	r CREMATORY	ry	127	on (City, town	or county)	not Md	State)
23. EUNERAL DIRECTO	R'S SIGNATURE	21	ADDRESS ALIMAL	rose	Pa	240. REC'D	8Y REGISTRA	AR 245. REC	GISTRAR'S SIG	-	ers

	SSS CERTIFICA	
		the state of the s
		A CONTRACTOR OF THE CONTRACTOR
MINITARIA		

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executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2222

of this	MARYLAND STATE DEPARTMEN	NT OF HEALTH-BALTIMORE, 18	02235
2	2220 CERTIFICATE	OF DEATH	
third copy of	2222 CERTIFICATE		. No. 302
星》	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
å h	COUNTY WASHING TON MARYLAND	STATE VIALZ VIAND COUNTY W	ASHINGTON
funeral director, the	COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN COUNTY MARYLAND LENGTH OF STAY (in this place)	OK	erest town)
dire	HOSPITAL OR HOSPITAL OR	STREET (If rurel give location)	X
<u>_</u>	INSTITUTION OR STREET ADDRESS \\\(\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\	ADDRESS	1140 12 2
fune	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Dey) (Yaar)
e e	(Type or Print) HUBERT RUSSEL - 1	LINE DEATHTER-	19- 1856
ρλ	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	DF BIRTH 9. AGE last birthday IF UNDER	N 1 YEAR IF UNDER 24 HRS. Deys Hours Min.
.5	MALE WHITE Specify MARRIED FEI	3.18-1901 55-0-1 yrs.	
P .: /	dona during most of working life, even if OR INDUSTRY	to the second se	2. CITIZEN OF WHAT
Fig.	Brevied DRIVIER - BOHRD OF EDUCATION	PREATHEDS VILLE MD	US:A
and completely filled burial transit permit.	CHARLES B, LINE		,
trans	15. WAS DECEASED EVER IN U. S. ARMED FORCES?" 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
o in	(Yes, no, or unk.) (If Yes, give wer or dates of service) 2/i+-09-4802	MRS. LOUISE LINE HAG	-EIESTERRIY R.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
physician use as a	420.0 IMMEDIATE CAUSE (A) Arteriosclerot	tic heart disease	7 months
hysi	ANTECEDENT CAUSE(S) DUE TO		
the attending physicia be detached for use as	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
hed	(C)		
atte	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OF CONDITION CAUSING DEATH Cirrhosis of	liver	77 mantha
	DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	TIVEL .	7 months
O P P	None		YES NO X
pet	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, fectory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	nty) (State)
ylc .		21f. HOW DID INJURY OCCUR?	
erificate has been executed by the eath certificate assembly should be 15C 1-55 10M	M, at work et work		
bee e as	22. I hereby certify that I attended the deceased from July	s, 19 55, to Feb. 19, 1956, that I	last saw the deceased
has ficat	alive on Feb. 19,1950, and that death occurred at	2:00PM, from the causes and on the date state ADDRESS (Street, city, town, stele)	DATE SIGNED
certi 5 10/	Ma Dell M.D.		Feb.21,1956
certificate has been executed by death certificate assembly should b	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)		
A GO	BURIAL FEB 22.1954 KEST HA	VIEW CEMETIERY HACEPST	OWN MD.
, s	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	
	DATE JU122.1956 SHOSHITS DECENTED	111 BAST AND SONS 1=	DODNSBOROLV

MARYLAND STAYS DEPARTMENT OF HEALTH-BALTUADER, IS

CERTIFICATE OF DEATH

LEB SL 1920

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2267

02236

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAN	state Maryland county Washington
CITY (It outside corporate fimits, write RURAL LENGTH OF ST OR and give naarest town) (In this place	
X TOWN Rural, Hagerstown, Md.	TOWN Rural, Hagerstown, Md.
HOSPITAL OR	STREET (If rurel give location)
90 STREET ADDRESS Homewood Home	ADDRESS Wind This Tries was and This to the first the f
3. NAME OF (First) (Middle)	Williamsport Pike West
DECEASED	OF
Nettie	Fittle Feb. 10 195
RACE WIDOWED, DIVORCED.	B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 2 Months Days Hours
Female White (Specify) Single	2-24-1872 . 83 yrs. 0 8
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Guest at Home	Hagerstown, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Little II Tittle	Eliza Ellen McCammon
. William H. Little 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	
(Yas, no, or unk.) (If Yas, give wer or dates of service)	
NO NONE	H. K. Stickell, Hagerstown, Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
42. IMMEDIATE CAUSE (A) artem	is relite Heart Dures 345
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
	YES NO
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRE White M. at work at work at work	nile
	- 10, 1936, to 2-16-, 1936, that I last saw the dece
SIGNATURE , IS AND THAT GESTING OCC	curred at
of the helper Strate	1 de la 1 /2/2 /2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
	M.D. AETERY OR CREMATORY LOCATION (City, town, or county) (Sti
REMOVAL (SPECIFY)	
17/41 242	Hill Cemetery Hagerstown, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
766.18.195- BURAHT/2010	Suter-Rouzer Fun. Home, Hagerstown, Md.

MARYLAND SYATE DIPARTEMENT OF HEALTH-RALLINGUE, IS

CERTIFICATE OF DEATH

BUREAU V. S.

FEB SI 1956

PLACE OF DEATH

OR HOSPITAL: The law requires that the

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2223 CERTIFICATE OF DEATH

02237

п	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Nashington MARYLAND STATE Md. COUNTY Frederick.
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town) (in this place) OR TOWN OLD OR
	HOSPITAL OR STREET III rural give location
	INSTITUTION OR ALL ADDRESS
1	STREET ADDRESS Wash. Co. Hospital
	3. NAME OF (First) (Mildle) (Lest) 4. DATE (Month) (Day) (Year) OF
4	(Type or Print) Stella M. Longman DEATH 2 9 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF JIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS
	limale white specifyingle 9-17-1884 71 yrs. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if / OR IMDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	retired on the bubel own home Marilen COUNTRY?
1	13. FATHER'S NAME
9	mai wa
	Joshua ringman I Tarcha / Cline
	15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (You, no, or unk.) (If Yas, give war or dates of service)
)	no none me. Norma Fletcher Vollanelle,
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION ONSET AND DEATH
	Marchine Pillagora 2011 Frank liste
	154x IMMEDIATE CAUSE (A) MOSSIVE IUIMONARY Embolism jumin
	DISEASES OR CONDITIONS. IF ANY. (B) Adenocarcinona of Rectum 2mo.
	GIVING RISE TO THE AROVE CAUSE
ı	STATING UNDERLYING CAUSE LAST. DUE TO
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cholelithias 15
2	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
1	214156 Adenocarcinoma of Restom - Cholelithiasis YES IN NO
	21d. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (Stete)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)
	21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while
	M. let work et work ,
	22. I hereby certify that I attended the deceased from 1954, 10-2 1956, that I last saw the deceased
	alive on 2,9, 1956, and that death occurred at 5:00 P.M., from the causes and on the date stated above.
E :	SIGNATURE APPRESS (Sireet, city, town, state) DATE SIGNED
2	Charles in Hear M.O. Smithsland md 2/10/5/6
2	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION City, Dwn. or country (Seele)
2	REMOVAL (SPECIFY)
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATURES. 13, 1956 Chas. Dowers, Hund GIV. Co Me A Notaring) Mil

Nashington Mid Fudich.

That is Dorphital Moificille

Stella M. Longman 2 9 56

finale white single 9-17-1884 71

howkips now tome Maryland 26.

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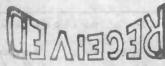
The many many Maryland 10.

The many many Maryland 10.

PROSCERTIFICATE OF DEATH

BUREAU V. S.

LEB 12 1826



Burie 2-12-1956 Kuthe and Emitery Hordenille, Mrs. Markel C. Middleton, Md

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02238

2224 G192 2-15-CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
county Washington	MARYLAND	STATE Md.	COUNTY	Washingt	on
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside con	porate limits, write RURAL a	nd give neerest towr	n)
OR and give nearest town) TOWN Hagerstown	(in this plece) 4 Days	OR TOWN T	eitersburg		Y S
HOSPITAL OR	1 4 Days	STREET	(If rurel giv	(a location)	
8/ STREET ADDRESS Washington Coun	tv	ADDRESS	(it raise gre	io totolion,	1
3. NAME OF (First)	(Middla)	(Last)	4. DATE (Mon	ith) (Dey)	(Yoar)
(Typs or Print)	н.	Martin	OF DEATH	Feb. 3	19 56
5. SEX 6. COLOR OR 7. SINGLE	. MARRIED. 8. DATE		9. AGE last birthday	IF UNDER 1 YEAR	IIF UNDER 24 HRS.
Male White Specific	IND DIVIDICED	3/1869	86 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (Steta or for	eign country)		EN OF WHAT
dona during most of working lifa, evan if refired	Farmer Farmer	Washington	Co. Md.		NTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		U.S	•A•
Samuel Martin			ha Snyder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. JNFORMANT &	ADDRESS	17.1	en en
(Yes, no, or unk.) (If Yes, give war or dates of service)	- Thomas	7/m. +:	Lite	Pu soma
	18. MEDICAL CE	RTIFICATION	c. ifamin	INT	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	0	41	ON	ISET AND DEATH
33/X IMMEDIATE CAUSE (A)	Spontaneou	Meum	oThoray	1745	00.45
ANTECEDENT CAUSE(S) DUE TO	Fractured	RILE	R+ 1 -1	12	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1 1 1 1	11105	11.00		
40 F. 6 (C)	erebiol It	emorrha	pe		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			9		
	NDINGS OF OPERATION			2	O. AUTOPSY?
				YES	
21a. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY	E (Home, ferm, factory,	21c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	streat, office bldg., etc.)	Leiter	sburg	Wash.	Md.
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hou 1-30-66 10 Am	While Not while	of Cerebra	UR?Patient fe	ll as a r	esult
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(/)		13	0	
22. I hereby certify that I attended the					
alive on	, and that death occurred				
SIGNATURE) T n/		D = LADI	RESS (Street, city, tow	n state)	DATE SIGNED
Charles In. He	M.D.	Smiths	way, mo	1. 2/	4156
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town	n, or county)	(State)
Burial 2/5/56	Beaver Cr	eek	Washing	ton	Md.
24. REC'D BY REGISTRAR REGISTRATUS SIG	HBower.	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRES	las P.
DAID		18 W. Cur 119	110008 . 1	AMIMANIC	4000 6

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DECEIVED			
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	Page 111 - 111 - 111 - 111				
2226	CEI	RTIFICATE	OF	DEATH	I

Reg. Dist. No. 302

	Of Dailin Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY WARSHINGTON MARYLAND	STATE MARYLAND COUNTY WASHINGTON	
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Hagerstown CITY (If outside corporate limits, write RURAL (in this place) OR and give nearest town) OR and give nearest town)	CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN Williamsport	own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET (If rural give location)	
DECEASED	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Feb. 7 1956	
Male 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Specify): Widowed Sept.	of BIRTH: 9. AGE last birthday If UNDER 1 YEAR HOURS MYS. 4 HOURS M	din.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	Y Williamsport Md. 12. CITIZEN OF WI	A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles Mills	Sallie Wine	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO 16. Social Security No. 216-07-122	Mr. Hubert Mills Williamsport Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ral popular Than	1P
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPS	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	
OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
alive on		tate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEG. 9. 1956 CRASH JOWESS	Albert L. Leaf Williamsport Md.	

VS. A15 - 10 - 53

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BUREAU V. S.

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BECEINED

1966	ENTIFICATI	E OF DEATH Reg. Dis	t. No. 302
I. PLACE OF DEATH:	•	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Washington	MARYLAND	STATE Maryland county Wash	ington
CITY (If outside corporate limits, write RUF OR and give nearest town)	RAL LENGTH OF STAY		
Hagerstown	(in this place)	TOWN Rural Big Pool, A	Id. X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co.,	Hospital	STREET (If rural give location ADDRESS)
S. NAME OF (First) DECEASED: Phillip L. (Type or Print)	Mills Jr.	(Last) 4. DATE (Month) OF FEBRUAR DEATH:	(Day) (Year) Y 25 19 56
Male 6. COLOR OR 7. SINGLE. MIDOWED, (Specify): S	ingle Feby	. 25. 1956 yrs.	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of iOB. work done during most of working life.)	KIND OF BUSINESS OR INDUSTRY:	Hagerstown, Md.	CITIZEN OF WHA
Philliap L. Mills		Pauline Mayhew	
(Yes, no, or unk.) (If Yes, give war or dates of service)	S. SOCIAL SECURITY NO.	Phidlip L. Mills -Big Poo	ol, Md. R D
18. I DISEASES OR CONDITIONS DIRECTLY LE	MEDICAL CERTIFICAT	rion	INTERVAL BETWEE
A A	MOING TO DEATH		ONSET AND DEAT
IMMEDIATE CAUSE	A) ERYTHROBLAS	STOSIS FOETALIS	4 Hours
	E TO		
	В)		
CIVING DICE TO THE ADOVE CALLED	E TO		
(1	c)		
II OTHER SIGNIFICANT CONDITIONS CONT			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEAT		F	
	10		
	NDINGS OF OPERATIO		20 AUTOPSV2
NONE			20. AUTOPSY7 YES NO
	NDINGS OF OPERATIO	N	YES NO
NONE 21a. ACCIDENT WAS UNDERLYING 2is. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 2 OF TINJURY	NDINGS OF OPERATIO	tory, 21c. WHERE DID (City or town) (Cour	YES NO
NONE 21A. ACCIDENT WAS UNDERLYING 2is. OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 2	PLACE (Home, farm, fac NJURY street, office bldg., tie INJURY OCCURRED While Not while twork at work deceased from FEB	tory. 21c. WHERE DID (City or town) (Cour. etc. INJURY OCCUR? D 21f. HOW DID INJURY OCCUR? 25 , 19 56, to FEB 25 , 19 56 that I las	YES NO (State) t saw the decease
NONE 21A. ACCIDENT WAS UNDERLYING 21B. 21A. ACCIDENT WAS UNDERLYING 21B. OF INCOMPLETE PROPERTY OF INCOMPLETE PROPERTY OF INCOMPLETE PROPERTY OF INJURY 21B. OF INDURY 21B.	PLACE (Home, farm, fac NJURY street, office bldg., tie INJURY OCCURRED While Not while t work at work deceased from FEB	tory. 21c. WHERE DID (City or town) (Cour. etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 25, 19 56, to FEB 25, 19 56 that I has 4-20 M, from the causes and on the date ADDRESS	t saw the decease stated above.
NONE 21A. ACCIDENT WAS UNDERLYING 21B. DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 2 W 21D. TIME (Month) (Day) (Year) (Hour) 3 W 22. I hereby certify that I attended the calive on FEB 25 1956, and the signature 123. BURIAL, CREMATION, DATE HEREOF	PLACE (Home, farm, fac NJURY street, office bldg., Lie INJURY OCCURRED White Not white t work at work deceased from FEB hat death occurred at	tory. 21c. WHERE DID (City or town) (Cour. etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 25, 1956, to FEB 25, 1956 that I las 4-20 M, from the causes and on the date ADDRESS CLEAR SPRING, MARYLAND ERY OR CREMATORY LOCATION (City, town, o	t saw the decease stated above. TE SIGNED FEBRUARY 26
NONE 21A. ACCIDENT WAS UNDERLYING 21B. DR CONTRIBUTING CAUSE OF DEATH OF IN (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 2 M. 22. I hereby certify that I attended the calive on FEB 25 , 19 56 , and the signature construction of the signature capacity of the signature c	PLACE (Home, farm, fac NJURY street, office bldg., Lie INJURY OCCURRED White Not white t work at work deceased from FEB hat death occurred at	tory. 21c. WHERE DID (City or town) (Cour. etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 25, 19 56, to FEB 25, 19 56 that I has 4-20 M, from the causes and on the date ADDRESS CLEAR SPRING, MARYLAND	t saw the decease stated above. TE SIGNED FEBRUARY 26

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

208123 VS. A15-



BUREAU V. S.

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VS.

REGISTRAR

Supply every INK. WITH UNFADING PLAINLY, WRITE OR

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE 184000
2268 CERTIFICATE	02442
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN TLCHMANTON LIFE HOSPITAL OR INSTITUTION OR STREET ADDRESS TO A COUNTY OF THE PROPERTY OF THE PR	STATE MARYLAND COUNTY WASHINGTON CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN TILCHMANTON STREET ADDRESS (If rural give location)
TILGE MAINION 14/V.	Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. RACE: WIDOWED, DIVORCED, (Specify): 10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): A BORIER. PARM	OF DEATH: FEBRUARY 2 - 1956 OF BIRTH: 9. AGE last birthday Months Days Hours Min. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME:
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATI	MRS. BLANCHE DAVIS TILGHMANTON MD
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Coronary	thrombosis l week.
ANTECEDENT CAUSE (S)	sive cardio-vascular disease 5 Yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or Contributing Cause of Death Of Injury street, office bldg., (if Either, notify medical examiner)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
23. BUDIAL CREMATION, DATE THEREOF NAME OF CEMETE BURIAL SPECIFY) BURIAL SPECIFY	7:15.P,M, from the causes and on the date stated above. ADDRESS DATE SIGNED 2/3/56 ERY OR CREMATORY LOCATION (City, town, or county) (State) CENETERY TILGHMANTON WASH, Co. MI
DATE REC'D BY LOCAL TREGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

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BUREAU V. S.
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02243

Reg. Dist. No..... I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give ocurest town) CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give nearest town) (in this place) TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (Middle) 4. DATE (First) (Last) (Mooth) (Day) (Year) DECEASED (Type or Print) DEATH 9. AGE last birthday | If under I year | If under 24 hrs. | Months | Days | Hours | Mis. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, yen if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, oo, or uokoown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Sidete ONSET AND DEATH Antecedent cause(s) Diseases or conditions. If any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (STATE) office bldg., etc.) PRIMARY OR CONTRIBETING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not while INJURY 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection — Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident , suicide , homicide , undetermined ... AL CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or coupty) DATE THEREOF

DECENED SEE

BUREAU V. S.

ely filled in by the funeral director, Pages 1 and 2 should be filled with

22-hours ofter death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page

or attending physician.

page 3 should be detached for use as the burial-transit permit.

CERTIFICATE OF DEATH 2229

Reg. Dist. No. 302

02244

			-											
1. P	LACE OF DEATH	Vashingtor		MARYL		2. USUAL RESID	Md.	ere decease	ed lived. If ins b. COU			Was		sion)
b	CITY OR TOWN (I	f outside corporate limits carest town) COWII	, write	54 yrs.	N lb	c. CITY OR T	OWN (If our Hage		orote limits, wr	ite RU	RAL and	give nea	rest tow	n)
0	I. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi 813 Mary	-	_		d. STREET A		aryl	and A	ve.		1		FARM?
0	IAME OF DECEASED Type or print)	Anna		Elizabet	h	Moore	ė	4. DATE OF DEATH		Month		8 00		Year 19 56
S. S	female	1 . 1 . 2 .	7. MARRI	DIVORCED	8.	DATE OF BIRTH		8	9. AGE (In your lost burthd)	ears by) yrs.	F UNDER Months	1 YEAR Days	Hours	ER 24 HRS. Min.
10a.	during most of work NOUSE V	ON (Give kind of work di king life, even if retired) VOTK	one 10b.	own home			rpsbu		Md.		12. CIT	IZEN O	F WHAT	COUNTRY
13. 1	FATHER'S NAME	Benjami	n S	antman		14. MOTHER'S	MAIDEN NA	AME	Susan	A.	Lo	op		
15. \ (Yes,		R IN U. S. ARMED FORC (If yes, give wor or dates of ser		SOCIAL SECURITY NO.		ormant nuel H.	. Moo	re,	Hager	Addre		Md		3/10
		mmediate (se per lin	Arterio			fai	lure	heart grade	iv				TWEEN DEATH
FICATION		HER SIGNIFICANT COND None									N IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED? NO X
AL CERTIFI		MEDICAL EXAMINER)		None						.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	None 19	While of work	Not while	focto	te OF INJURY (I ry, street, office none	bldg., etc.)	20t. (Cit	y or town)		(6	County)		(Stote)
		Teb. 28 The test S. Robert	12.5 m	elly			1:45 A	DDRESS (S		es an	id on th	he dat	le stat	deceased above ATE SIGNED
220.	BURIAL, CREMATIO REMOVAL (Specify) DUTIAL	3-2-56		Rose Hil					TION (City, to gersto			•	(Stot	e)
	FUNERAL DIRECTOR		So	ADDRESS n, Hagers	town	n, Md.	24a. REC'D	BY REGIS	TRAR 24b. F	_	RAR'S SIG	GNATUR	E	al.

the registrar prior to burial, cremation, or remayal, and in any event within moy be retained by the hasp TO FUNERAL DIRECTOR: After TO HOSPITAL OR VS A1S (4) 15M 9/SS

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72 hours after death. After this director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02245

CERTIFICATE OF DEATH 2230

Reg. Dist. No....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEA	SED
COUNTY WAShington	MARYLAND	STATE md. COUNTY W	Ashin aton
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, writa RURAL end giva	neerest town)
OR end give neerest town) TOWN HIP-GETE & FOWN	(In this place)	TOWN HAGERSTOWN	^ 3
HOSPITAL OR	104 1163.	STREET (II rural give locati	ion)
INSTITUTION OR STREET ADDRESS WAS A CONTROL OF	of Haratal	ADDRESS - High Th	
Add a strategy Coc	My 1103pirmi	23 14191 31.	
3. NAME OF (First)	(Midđie)	(Last) 4. DATE (Month)	(Dey) (Yaer)
(Type or Print) EMZEIIA	H 11101	SIGEN DEATH 2	25 1956
S. SEX 6. COLOR OR 7. SINGLE, MARI RACE WIDOWED, D			DER 1 YEAR IF UNDER 24 HRS.
FEMALE White (Spacily) M	Impried 2	[28/1880 TJ yrs. Month	hs Days Hours Min.
	IND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
relired) Housewife	N HOUSINI	Smith Co. KANSAS	U5
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Andrew Hack	ert	MARY KINSLEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 2 3 14	644 ST. mo
(Yes, no, or unk.) (If Yes, give wer or dates of service)	214-09-48	819 HAZEL Moulden	HADERSTONIN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
		P. 0 '	ONSE! AND DEATH
260 X IMMEDIATE CAUSE (A)	erebral 1	mone Coses	24 hours
ANTECEDENT CAUSE(S) DUE TO	1. 1. to m	00:7	5-111
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	capeus in	unis	- 4
STATING UNDERLYING CAUSE LAST. DUE TO			
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION		20. AUTOPSY? YES NO
21- ACCIDENT WAS UNDERLYING TO 1 216 PLACE (He-	me, ferm, factory, 1 2	tic, WHERE DID INJURY OCCUR? (City or town) (C	County) (State)
	office bldg., etc.)	(City of fown)	County) (State)
		211. HOW DID INJURY OCCUR?	
	nile Not while at work	, , , , , , , , , , , , , , , , , , , ,	
22. I hereby certify that I attended the dece	2/24	1956, to 2/25, 19.56, tha	
alive on 4/2.5, 19.4, and	d that death occurred at.	A.R. A.M. from the causes and on the date st	ated above.
SIGNATURE	,	ADDRESS (Street, city, town, state)	
- raul Harrison	M.D. 5	18 N. Potomac Argers	four way
23. BURIAL, CREMATION, PATE THEREOF REMOVAL (SPECIFY)	1	CREMATORY LOCATION (City Jown, or con	
Burial 2/27/56	KEST HAY	iery Cometery Hagers	JOHN MY.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	Ε ,	25. FUNERAL DIRECTOR'S SIGNATURE	
Tel 27.1956 Kharler	Exercise)	Rest Haven Funeral CI	
DATE OF STILL OF TOTAL OF THE	00000	THE PROPERTY CHARMY CH	The Lake
		Wan, a. Norol	& U-Thes

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THE STATE OF THE S

2231

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

ad INOL No. 302

24. FUNERAL DIRECTOR FUNERAL Chapet Inc

	L EXAMINERS Reg. Dist. No.)
I. PLACE OF DEATH- COUNTY WAS hive to MARYLAND CITY (If outside corporate finits, write RURAL and OR give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (Type or Print) 6. COLOR OR RACE (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME 14. COLOR OF RACE (Specify) 16. COLOR OR RACE (Specify) 17. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 18. FATHER'S NAME 19. COLOR OR RACE (Specify) 19. COLOR OR RACE (Specify) 10b. KIND OF BUSINESS OR INDUSTRY 11. FATHER'S NAME	CITY (If outside corporate limits, write RURAL and give of the control of the con	The nearest town) The nearest town) (Day) (Year) The nearest town)
13. FATHER'S NAME James W.m. MS Guire 15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No.	14. MOTHER'S MAIDEN NAME 4 AURA B. Miller	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Chr. glomeru	lar nephritis	Interval Betwee Onset and Deat
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Vascular hy Diabetes M	pertension	8 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Amputation 1f leg low th:	igh - gangrene of foot	20. AUTOPSY
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at work at work	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	(STATE)
	cased died on the day stated above and death in my	DATE SIGNED

DATE, REC'D BY LOCAL

age

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

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72 hours after death. After this director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02247

2232 CERTIFICATE OF DEATH

Bell

Reg. Dist. No. 302

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASE	ED
COUNTY Washington	MARYLAND	STATE Mary	land county Was:	himaton
CITY (If outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corp	orete limits, write RURAL and give no	perest town)
Town Hagerstown	(in this plece)	OR TOWN Ha	erstown	02
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give location)
STREET ADDRESS Washington Co	Hospital		South Potona.	s St.
3. NAME OF (First) (A	Aiddle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) HELEN LA	e nui	IALAKER	DEATH Feb.	13. 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRIEI	DATE 8. DATE	OF BIRTH		R 1 YEAR IF UNDER 24 HRS
renale white (Specify) Ma	rried Jan	1.23,1892	64 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR i	OF BUSINESS	11. BIRTHPLACE (Stelle or fore	ign country)	12. CITIZEN OF WHAT
	Home	Tilshranto	n. Laryland	COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	n, laryland	002
William N. Rohrer		Martha	E. Morrow	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	None	Mr Sam	uel R. Nunana	can
	18. MEDICAL C		the A bearings	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
420, OMMEDIATE CAUSE (A) Arte	erroscrerc	tic heart di	sease	6 weeks
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LINNERPLYING CAUSE LAST DUE TO				
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabet	es Mellitus		2 years
190. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
NONE 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home,	form fortens 1	21. WHERE DID BUILDING CO.	10.0	YES NO JE
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ice bldg., etc.)	21c. WHERE DID INJURY OCCU	(Cou	inty) (Stete)
		211. HOW DID INJURY OCCU	JR ?	
22. I hereby certify that I attended the deceas	ed from Feb.1	2, 19 54 to Fel	0. 12 10 56 share	I last saw the deserred
alive on Feb. 12, 19 56 and	that death occurred	at3:05PM from the	causes and on the data state	ed shave
SIGNATURE	_ /	ADD	RESS (Street, city, town, stete)	DATE SIGNED
Maldell	M. D.	Hagerstown,	Maryland	Feb.14,1956
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town, or count	y) (State)
Burial 1-15-58	Lt. View	Cenetery	Sharpshur	Larry I am
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	Sharpsbur,	ADDRESS
DATE LEGIST 1951 Chrash 13	ocers	Andrew K.	Coffnan-Hager	

PER SERTIFICATE OF DEATH

LEB IL 1956

A STATE OF THE PARTY OF THE PAR HARVAN LYSTA JOSEPH A. BUR OLI POR

C. Day a seed was made up a thought I had will been an open if the of the same of activities (Loudine or Sale of Sale of Sale of All Continues of Sale of

72 hours after death. After this director, the third copy of this TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2269

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Washington	MARYLAND	STATE Md.	COUNTY	Washington	
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	orete limits, write RURAL e	and give neerest town	
X TOWN Rural, Smithsburg	g (in this plece) 12 Yrs.	TOWN Rur	al, Smithsh	urg	X
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If ruret gi	ve location)	/
STREET ADDRESS Smithsburg	3 #2	Smi	thsburg #2		
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mo	nth) (Dey)	(Yeer)
(Type or Print) Joseph	James	Oden r	OF DEATH F	eb. 11,	19 56
5. SEX 6. COLOR OR 7. SIN	IGLE, MARRIED, 8. DATE	OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR	JIF UNDER 24 HRS
Male White (Sp	powed, divorced, ecity) Married Aug.	21, 1892	63 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)		N OF WHAT
retired)	Superlin Dairy	Wavnesboro	Pa.	U.S.	
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN		1 0 0 0 0 0 0	
John Edward Oder	n	42236	Welty		
15. WAS DECEASED EVER IN U. S. ARMED FORCE		1 17. INFORMANT &		3.0	
(Yes, no, or unk.) (If Yes, give wer or detes of ser		2 10	es ml	0.41	0 401+
310		Mrs. YI.	Hace Valor	Smulker	ung Ma-
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	ERTIFICATION			RV AL BETWEEN
OIMMEDIATE CAUSE (A)	Moranary a	odusión		4m	mile
2117 70	40000				1000
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE DUE TO		, 1			
(C)	Cirlery Sch	eroly He	ast	14	you
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	IG				/
	R FINDINGS OF OPERATION			20	D. AUTOPSY?
0				YES	□ NO □
216. ACCIDENT WAS UNDERLYING 21b. P OR CONTRIBUTING 20 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, ferm, fectory, URY street, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (I	Hour) 21e. INJURY OCCURRED While Not while at work	211. HOW DID INJURY OCCU	R?		
22. I hereby certify that I attended	the deceased from the	11 1056 15	1-11 1051	that I last an	the deep
/ / / / / /		41 11 11	/		
alive on 1920 1920 1920 1920 1920 1920 1920 1920	, and that death occurred		causes and on the RESS (Street, city, tow		e. Date signed
PO N	10.	0 ~		vii, sidioj	ATE SIGNED
23. BURIAL CREMATION, DATE THEREC	OF NAME OF CEMETERY C	OR CREMATORY	LOCATION (City, tow	en en countula	md
REMOVAL (SPECIFY)	THE ST CEMETER !	- CHEINTION			(State)
	56 Stouffers		Washing		Md.
24. REC'D BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	0
1 2 4 1 3 - 4- 6 1 10 00	for de a	- Malle, 7/	14	1	11 . 4

AP ANOMICIAN STATE REPARTMENT OF HEALTH SHALLINGER, IN

CERTIFICATE OF DEATH

Mary Hare Oden Smith Show Mit 2.

Terrace of the William State and the State of the State o

BUREAU V. S.

DECENTED

With I Live to Wagner Store

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: ully. The legibly. Washington W. Va COUNTY Morgan STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY carefully. OR and give nearest town) (in this place) OR TOWN Hancock, Md Near Great Cacapon and STREET HOSPITAL OR ADDRESS INSTITUTION OR STREET ADDRESS clearly information (Year) 4. DATE (Month) (Day) 3. NAME OF (Middle) (Last) (First) OF DECEASED: Webber Wesley Parlett Feb. DEATH: (Type or Print) 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 7. SINGLE, MARRIED, 8. DATE OF BIRTH: death 5. SEX: 6. COLOR OR WIDOWED, DIVORCED, Months | Days | Hours RACE: 5, I884 (Specific Owed Jan. Male of 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR | II. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION. Give kind of INDUSTRY: COUNTRY? work done during most of working life, Retired Trackman B & O Railroad Buck Valley Pa. even if retired): USA causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Jermina Divelbliss Thomas Parlett 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS eV 15 WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) | (If Yes, give war or dates of Supply Cecil Parlett Great Cacapon, W. Va. service) write 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO PRATH Onset And Death INK. Immediate cause DUE TO Antecedent causes (s) Physicians Diseases or conditions, if any, (b) ... giving rise to the above eause DUE TO stating the underlying cause last. UNE 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? WITH important 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No (COUNTY) (STATE) (CITY OR TOWN) ACCIDENT (Specify) PLACE (Home, farm, factory, street, PLAINLY, SUICIDE office bldg., etc.) INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) INJURY OCCURED (Day) (Year) (Hour) especially While at Not While INJURY Work [At Work, 1956, that I last saw the deceased 19256 to 2-22. I hereby certify that I attended the deceased from / WRITE b, and that death occurred at 1.50 h, from the causes and on the date stated above. DATE SIGNED (Degree or title) ADDRESS na Mis NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. CHURIAL, CREMATION (H) REMOVAL (Specify) S Burial DATE REC'S BY LOCAL Feb. IO 1986 REGISTRAR'S SIGNATURE Great Cacapon Cemetery PLEA ADDRESS 24. FUNERAL DIRECTOR A1

BUREAU V. 2

301 1 83

DECENED

The

	· · · · · · · · · · · · · · · · · · ·	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
county Washington MARYLAND	state Maryland county Washi	ington
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	
OR and give nearest town) (in this place) 3 TOWN Hagerstown 4 days	or Town Hagerstown	1 43
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	Wash. Co. Home	
DECEASED: Chamles Emoderately	Down a also OF	Ony) (Year)
(Appe of Time)	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	L9 1956
PACE. WIDOWED DIVORCED		Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired: Laborer	Somerset Co. Pa.	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
IINKNOWN	Julia Shoemaker	
IS. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	James Raupach, Cumberland, Md	• =
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
443X cerebral F	Hemorrhage with hemiplegia	72 hours
DUE TO	lemoilinge with hemiplegia	12 110013
ANTECEDENT CAUSE (S) Arterioscler	rotic Hypertensive Heart Disease	unknown
GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1
TO THE DEATH BUT NOT RELATED TO THE none		
DISEASE OR CONDITION CAUSING DEATH	y	
none none		YES X NO XX
21A. ACCIDENT WAS UNDERLYING		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	Takali.
22. I hereby certify that I attended the deceased fromDec.	1 1955 to Feb 18 19 56that I last	saw the decease
alive on Feb 18 10.56 and that death occurred at	10:50 M, from the causes and on the date s	A 1 1
alive on 19, and that death occurred at	ADDRESS DAT	stated above.
(0:0:(1)-h		eb 19, 1956
	ERY OR CREMATORY LOCATION (City, town, or	
Removal 2-19-1956 Rose Hill C		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Unifor Funeral Home Cumberland	ADDRESS Md -

BECEINED

BUREAU V. S.

EEB 51 1820

CERTIFICATE OF DEATH

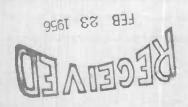
1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY FRANK	lin
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagers town Town Hagers town	CITY (If outside corporate limits, write RURAL and giv OR Rural-Mercersburg	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cashington to Haspital	STREET ADDRESS R. D. 3 (If rural, give location)	1
(Type of Time)	(Last) 4. DATE (Month) OF DEATH FEB.	(Day) (Year) 19, 1956
5. SEX 6. COLOR OR RACE WIDOWEL DIVORCED (Specily)	Oct. 30-1894 6/ yrs. Mooths.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
13. FATHER'S NAME Scol Backwell	HI. MOTHER'S MAIDEN WAVE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of 8026-749)	17. INFORMANT AND ADDRESS MERCETS	8 px 108 pa.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Adenocarcinoma of c	olon	l year
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION April, 1955 Inoperable carcinoma of c	colon.	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) NJURY INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Nork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from1945	, 19, to 2/19/56., 19, that I last s	aw the deceased
SIGNATURE (Degree of title)	ADDRESS Greencastle, Penna, 2	ated above. DATE SIGNED /19/56
23. BURIAL, CREMATION DATE NAME OF CEMETE DEMOVAL (Specify)		-1-
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FONGRAL DUSCOOR	ADDRESS 7
The will of the the	- Total Total Golden	- July, 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

545

VS. A15



BUREAU V. S.

666	CERTIFIC	AIE OF DEATI		Reg. Dist	. No.
gton	MARYLAND	II o STATE nen			
	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			ve nearest town)
hospital, give street ad #2	dress)	d. STREET ADDRESS RFD	#2		e. IS RESIDENCE ON A FARM? YES NO
	Middle	Ross	4. DATE OF DEATH	Month Feb. 23	3 Poy Yeor 1956
		Nov. 13, 18	last bir	45 4 4	YEAR IF UNDER 24 HRS Doys Hours Min.
nd of work done 10b. KI on if retired)	10 A C			12. CITIZ	EN OF WHAT COUNTR
ry H. Ross	3	14. MOTHER'S MAIDEN		Hause	
ARMED FORCES? 16. SC or or dates of service) 22			s, Smiths	Address burg, RF	D 2, Md.
AUSED BY: TE CAUSE (o) DUE TO (b) A Y f DUE TO (c)	eyio Scle				
ING 20b. DESCR					1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OF DEATH XAMINER)	URY OCCURRED 20e.	PLACE OF INJURY (Home, fare	m, 20f. (City or town)		ounty) (State
nded the deceased	/ 110111			auses and an th	e date stated above DATE SIGN
	First Charles First Charles R OR RACE The WIDOWED The Widowed ARMED FORCES? ARMED FORCES? ARMED FORCES? The CAUSE (o) DUE TO CONTROL TO CONDITIONS CO POP DEATH EXAMINER; DON, Year 20d. INJI While of work [19]	proporote limits, write c. LENGTH OF STAY IN 16 hsburg 32 years n hospital, give street address) #2 First Middle Charles R OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED ON 16 RETURN OWN TARM TY H. ROSS ARMED FORCES? 16. SOCIAL SECURITY NO. 17 or or dates of service) 220-16-2266A: Only one couse per line for (o), (b), and (c).] AUSED BY: COYOM BY COURTED TO DEATH BYING OF DEATH BY	ARMED FORCES? Or process per line for (o), (b), and (c).] AUSED BY: E CAUSE (o) DUE TO DUE TO CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM POR PROCESS POR CACE (C) DUE TO CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM POR CACE (C) DOWN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM POR CACE (C) DOWN COURSE HOW INJURY OCCURRED (C) WING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM POR CACE (C) WING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM POR CACE (C) While Not while of work of work control of wo	OF STATE Md. OF STATE MG. OF	Supported limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to the support of limits, write RURAL and gith shours are compared to support to the support of limits, write RURAL and gith shours are compared to support to the support of limits, write RURAL and gith shours are compared to support to the support of limits, write RURAL and gith shours are compared to support to the support of limits, write RURAL and gith shours are compared to support to the support of limits, write RURAL and gith shours are compared to support the support of limits, write RURAL and gith shours are compared to support the support of limits, write RURAL and gith shours are compared to support the support of limits, write RURAL and gith shours are compared to support the support of support the support of support to support the support of support to support the support of support to support the support of support the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the head of an attending physician.

TO FUNERAL DIRECTOR: After the serificate has been signed by the attending physician and of the teley filled in by the funeral director, page 3 shauld be detached 15° use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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VS A1S (4) 1SM 9/5S

and the arrive 280-16-2266110e 2. Yoza, Saish Dock, 179 2, 14. BUREAU V. S. 99SI 46 834

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02253

2272 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Maryland Washington b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hancock 58 Yrs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Middle 4. DATE Month Day Year OF DEATH Julius Sciese 19 56 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days May 27,1879 DIVORCED T WIDOWED | yrs. 9 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Orchard Fulton County Penns U.S.A. 14. MOTHER'S MAIDEN NAME Margarett Snipe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-14-7438 Mrs Kattie P Sciese Rural 1 Hancock Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 2 YEARS ARTERIOSCLEROTIC HEART DISEASE NONE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NONE YES NO IX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from FEB 8 , 19.55, to FEB, 26, 19.56, that I last saw the deceased ___, and that death occurred at I-45 RM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED CLEAR SPRING, MD. FEB. 28, 1956 ARCHIE ROBERT COHEN, M.D. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2.29.56 Mt Olivet Cemetery Near Hancock Washington Md. Burial

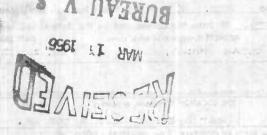
240. REC'DE REGISTRAR 246. REGISTRAR'S SIGNATURE

ADDRESS

0 VS A15 (4) 15M 9/55

MAKSKAND STATE DEPARTMENT OF HEALTH BALLINGUE, TO
2272 CERTIFICATE OF DEATH

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			Literal Literal	
				COLUMN TO THE TOTAL THE TO
				COLUMN TO THE TAXABLE PROPERTY OF
			Amum La Carrett	
			Amum La Carrett	
			Amum La Carrett	
	I.A.	N T TIN	Shore For Wester	11 (12) 12 (12) 13
H. [H. [H. [H. [H. [H. [H. [H. [H. [H. [I.A.	N T TIN	Shore For Wester	11 (12) 12 (12) 13
X A OVER	I.A.			



THE THE TANK THE

MERCAL PROCESS ASSESSED.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2235

CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Pennsylvania county Franklin		
City or town. (If ontside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town (if outside city or town timits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. N. MAIN LT.		
Washington County Hospital	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
THERESA MORROW SHANK	none		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH February 27 19 56 21 12:20 Am		
8.(b) Name of husband or wife Charles F. Shank	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) It alive, give age 65 years	19. 45, to 2-27. 19.56.		
1. Birth date of . V	and that I tast saw h. er alive on Feb. 27 19.56		
deceased (mo., day, yr.) Nov. 7. — /8 97	Immediate cause of death Chronic rheumatic DURATION		
8. AGE: Years Months Days It less than one day	valvulitis with terminal congestive		
5/3/8hrsmln.	failure and acute cardiac dilatation		
a Richaldes newburg Genna	Rue to		
9. Birthplace(Twn, county, and state)	DUC (CAMINIA)		
10. Usual occupation Structure suff	4/4X		
1t. todustry or business a Cun Home	Dus to		
12. Name	Dither condilions		
	(Include pregnancy within 8 months of death)		
14. Malden name Jelle Belle Stevres	Major findings of operations.		
14. Malden name Jillie Bell Stevrck 15. Birthplace Tewburg Pa.			
2) 15. Birinplace			
16. Informant Skank	Autopsy results		
Address Mexecustring, Par			
Buris 2/29/36	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal, Which?) Date thereot (paouth) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory Frances Counterly	Where did injury occur?		
Joseph Mersersburg Pa.	tnjured at home, farm, Industry, public place (where?)		
The officer	Meane of Injury trijured at work?		
18. Funeral director The Amunican	Meak. 9		
Address Mercers la, 1a.	as assured the little of the l		
Fob 28 of blad HA week	23. SIGNATURE M. D. or other		
19	Address Thereo Date signed 2/2/15		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply exery item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

DECEIVED 2 1956

BUREAU V. S.

6	2273			HEALTH—BA		
MARYLAN	D STATE	DEPARTMEN	NT OF	HEALTH-BA	LTIMORE,	18
EDICAL	EXAM	INER'S	CEF	RTIFICAT	E OF	DE

46600	
02255 Reg. Dist.3	0

MARYLAND STATE DEPARTMENT OF	
MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH No. 324
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL LENGTH OF STA	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) TOWN Clear Spring R2 (in this place)	TOWN Clear Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS Route 2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Jacob Oscar	Shaw DEATH 2 11 19 56
PACE. WIDOWED DIVORCED	ATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS
male white (Specify): married Sep	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Trackman 10b. KIND OF BUSINESS INDUSTRY: 860 Railroad	Mc Coys Ferry Md. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob Shaw	Rebecca Grooms
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
no service) 220-10-3189	Mrs. Alfie Shaw Clear Spring, Md. R2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	ICAL CERTIFICATION INTERVAL BETWEE ONSET AND DEATE
Autocodout course(a)	coronary Occlusion 5hrs.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	Jara .
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., e CAUSE OF DEATH.	ory, 21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY / World M. work □ at work □	
	ribed above, held an Autopsy 🗌, Inspection 🖪, Inquiry 📋, an
find that death resulted from: Natural causes [4], Ac SIGNATURE	cident [], Suicide [], Homicide [], Undetermined cause [] CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
REMOVAL (Specify) :	TERY OR CREMATORY LOCATION (City, town, or county) (State)
Burlal 2-14-56 Shanktown	n Big Spring Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS Adrian H. Rowland Clear Spring, Md.
TEV-14-1736 VIDERY WILLIAM	INGLIAN U. VOMIANG CLEAR Shring, Md.

BUREAU V. S.

LEB 16 1820

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2271	CERTIFICATE	OF	DEATH

2274 CERTIFICATI	E OF DEATH Reg. Dist	. No 30. 3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Washington MARYLAND	STATE Md. COUNTY Wash	ington
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town
X TOWN Rural Big Pool (in this place)	ITAL CL DIE TOUT	×
HOSPITAL OR INSTITUTION OR Indian Springs	STREET (If rural give location) ADDRESS Indian Springs	onnee
(Type or Print) William Gale Slayman	of Feby. 2	12, 1956
Male White Widowed, Divorced, (Specify): Married Jany	7. 24, 1090 90 yrs.	Pays Hours Min.
work done during most of working life, even if retired): Conductor W. M. R. R. Co.	Varfordsburg. Pa.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lincoln Slayman	Dorcas Dicken	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Nellei Slayman-Big	Pool, Md.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ROSIS OF THE CORONARY ARTERIES	11 YEARS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	NE	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSYT
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
2ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB. ×××NIVE ON FEBR. 22, 1956, and that death occurred at SIGNATURE	5.55A M, from the causes and on the date s ADDRESS DAT	stated above. E SIGNED FEB. 22, 1956
Burial Febv. 25-56 St. Pavi	ery or crematory Location (City, town, or L's Cemtery Near Clear Spa	ring, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RU	24. FUNERAL DIRECTOR	ADDRESS : nel

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

BUREAU V. S.

LEB S8 1020

BECEINED

N

MARYLAND

STATE DEPARTMETT OF HEALTH

2236

6 CERTIFICATE OF DEATH

Reg. Dist. No. 302

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	,
COUNTY MARYLAND	STATE WARVLAND. WASH	INCATON_
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town
OR give nearest town) (in this place)	OR	m 2
OR give nearest town) (in this place) 3 TOWN HACE ISSTOWN 3 MONTHS	TOWN HAGERSTOVYN	G/G
HOSPITAL OR'	STREET (If rural, give location) ADDRESS	
STREET ADDRESS WASH, CAL HOSPITAL	741 MARYLAND A	VE.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ELSIE ALBERTA SA	WITH DEATH FEBRUARY	-10. 1956
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under-	I year If under 24 hrs. Days Hours Min.
FEMALE WHITE WIDOWED, DIVORCED, (Specify) MARRIED	MARCH-5-1900 55-11-5 yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	A.a.L
CHARLES SMITH	ELLEN HOLMES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? I6. SOCIAL SECURITY NO.	I7. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of	ALBERTLI SISK - 741 MD. AVE. HAG	ERSTAIN NI MO
NO, service)	HEDEKI PLOJAKA LALIMAN HIEL DHA	SEICOI OTI MOVIE
18. MEDICAL CENT. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION . UNDETERMINED	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	O IA D# 15 W W IN O IA	
1752 PULMONARY /U	MOR MALIGNENT TYPE	144 EARS.
Immediate cause (a)	EMUR AND SPINE	FEMUR
Antecedent cause(s)	MALIGNENT TYPE	SPINE I YEAR
Diseases or conditions, if any,		
giving rise to the above cause stating the underlying cause last	NOR, MATIGNENT TYPE D - POSSIBLY PRIMARY SITE	UNKNOUN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	-D - Possibly PRIMARY 117E	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes A No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
1110011		
22. I hereby certify that I attended the deceased from Au 4/5	719, to FEB 10, 1956, that I last s	aw the deceased
alive on F=3 10, 1956, and that death occurred at3.	15 Pm from the causes and on the date st	ated ahove
(Domes or title)	- ADDRESS -	DATE-SIGNED
SIGNATURE (Degree or title)	able Squeen Acgustour,	6 1.1
	RY OR CREMATORY LOCATION (City, town, or count	100,00
25. DURINE, CREMINITOR DATE		
BURLAL (Specify) FEB.14.1956 SAMPLES MAN	OR CEMPLERY SAMPLES MANOR WA	SH . CO. M.D
DATE/REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	
tel. 13, 1956 Chast 120 werd	WMF. BAST AND DONS DOONS	BORG MD.



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2227

CERTIFICATE OF DEATH

Reg. Dist. No. 302

200		•
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND	STATE Maryland COUNTY WAShing	ton
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown CITY (If outside corporate limits, write RURAL (in this place) 56 Years	CITY(If outside corporate limits, write RURAL and or TOWN Hagerstown	
HOSPITAL OR INSTITUTION OR 456 Guilford Ave.	STREET (If rural give location) ADDRESS 456 Guilford Ave.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ADA KATHERINE ST	(Cast) 4. DATE (Month) (Day) OF February 1	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR 73 yrs. TO 20	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife	Rockdale, Maryland U.S.	UNTRY?
13. father's Name: Henry B. Lesher	Mary Ellen Stine	
18. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 18. SOCIAL SECURITY No.	Earl L. Stoner Hagerstown, Mary	land
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ###################################	eztenin	3 ym
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	7) U fc/33471,	1
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		ZO. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, faction or contributing 21B. PLACE (Home, farm, faction of the contribution of the contributi	story, 21c. WHERE DID (City or town) (County), etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
	ADDRESS DATE S	ted above. SIGNED
Burial 2/15/56 Rest Haven	Cemetery Hagerstown, Maryla	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	DDRESS

A15 VS.

MARGIN RESERVED

PLEASE TYPE OR WRITE PLAINLY, WITH

UNFADING INK. Supply every item of information carefully. The

BUREAU V. E.

FEB 16 1956

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

2238

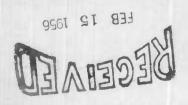
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 302

)	The correct	1. PLA
SERVED FOR BINDING	Y. WITH UNFADING INK. Supply every item of information carefully. Important. Physicians: please write the causes of death clearly and legibly.	CIT OR TON HOS INS INS INS INS INS INS INS INS INS IN
MARGIN RESER	AINLY, WITH UNFADING IN pecially important. Physicians: p	11. OT Con relation of the control o
	PLEASE WRITE PLAINLY is especially	22. I

200

		TOR MEDICAL	D2K/KK/KK/KZICE/	- R	eg. Dist. No	*	
1. PLACE OF DEAT	H•		2. USUAL RESIDENCE (F	HOME) OF DECI	EASED.		
COUNTY Wa	shirgton	MARYLAND	STATE Maryla	nd	Washin	ton	
CITY (If outside c	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpora	ate limits, write R	URAL and give	e nearest to	(aw
OR give nearest	rerstown	(in this place) 21 years	OR TOWN Ha	gerstown			03
HOSPITAL OR	Gamana in m		STREET		ve location)		1
INSTITUTION OF	Garage in r	ear or	ADDRESS 223 Fa	st Irvin A	Trenue		
STREET ADDRE						(D)	(V)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Montb)	(Day)	(Year)
(Type or Print)	Esther	Lawder	Stoner	DEATH	Feb.	11	19 56
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Jan. 19,1906	9. AGE last birth	day If under Months	Days Hou	ider 24 bre.
	ATION (Give kind of work	(Specify) WICOW 10b. Kind of Business DR	II. BIRTHPLACE (State of	r foreign country)	1 12	. CITIZEN	OF WHAT
done during most of v	vorking life, even if retired)	INDUSTRY	Havre de Gra			COUNTRY?	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME			
H	arry Lawder, J	r.	T.:11	ian Baldwi	in		
	VER IN U.S. ARMED FORCE		17. INFORMANT AND A		<u> </u>		
(Yes, no, or unknown)	(If yes, give war or dates	01 214-36-2109	Hannau Tarrilon	111 110 2000	do One	an Ma	
140	lservice)		Harry Lawder,	III, Barve	de Gra	ce, Mu	
		18. MEDICAL CE	RIPICATION			INTERVAL	
1. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AN	DEATH
973.		Camban Ma	nemi de Defende	- / Ewhan			
Immediat	e cause (a)	Varbon Mo	noxide Poisonin	•			
Anteceder	nt cause(s)		fro	m automobi	le)		
Diseases nr	conditions, if any, (b)	• Gibber Share where were out to 0					
	o the above cause inderlying cause last						
atacing one o							
H. OTHER SIGNIE	(c)			-		1	
Conditions contribu	uting to the death but not see or condition causing dea	th.					
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUT	PSY1
none	-					Yes 🗀	No I
21. EXTERNAL CA	USE WAS PLA	CE (Hnme, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)		
PRIMARY WOR CO	ONTRIBUTING D OF	office bldg., etc.) URY Garage	Hageret	town	Washing	ton	Md.
	(Day) (Year) (Hour)	URY Garage	Hagerst How DID INJURY OC	CURT		2 4011	
OB	. 11 156 9 Pm.	While at Not while	Connected exha		to inter	ior of	car
INJURY Feb	• 11)0 9 F m.	work at work	GOILIGG GOG GAILG	de pape	-		-
22. 'I certify that I	took charge of the reme	ins described above, held an A	utopsu . Inspection *	. Inquiry	thereon and	from the e	vidence
obtained by sai	d Autopsy, Inspection of	r Inquiry, find that said dece	ased died on the day state	ed above, and de	eath in my	opinion r	esulted
from: natural	causes [] accident [Puinide W hominide	undetermined .				
SIGNATURE	1 00 1	(Degree or title)	ADDRESS			DATE 8	BIGNED
X Wifee	1 hills 1	1/1>	N. Potomac St-	Hagerstow	in. Md.	2113-5	56
10 (1000)	- MICH I D. M. BURNS	AND LOCAL COLOR BEING		LOCATION (City			
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE						(State)
REMOVAL (Spec	2-14-19			Hagerstown	n, Maryl		-
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO			ADDRE	
tes /3/9	36 GROST	1200000	Suter-Rouzer F	uneral Hor	ne, Hage	rstown	, Md.



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0.0	CTUD MUTTATO A MUTA	OTA	TATE A PIXE
9975	CERTIFICATE	Ur	DEATH

Reg. Dist. No. 305

N F I V	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WASHINGTON MARYLAND	STATE MARVLAND COUNTY VY ASHINGTON
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR
X TOWN SAN MAR I YEAR	TOWN HAGERSTOWN 03
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
OSTREET ADDRESS FAHRNEY - KEEDY MEMORIAL HOME	461 - PAKIS PLACE
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) SIMON P. STOTTLE	DEATH: FEBRUARY - 5- 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR 1F UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify): AALLO NORCED	S - 1869 86 - S-O yrs. Months Days Hours Min.
MALE WHITE (Specify): WINDWRD SEPT-	11, BIRTHPLACE (State or foreign country): 12, CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:	COUNTRY?
even if retired): D FARMER OVIN FARM	NEAR MYERSYILLE FRED. CO MD. U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
HANILTON STATTLEMVER	NO BECORD
S. WAR DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	DAM & STATE CRAVE IS NOC PROTECTION DAD OR
18. MEDICAL CERTIFICAT	MAULS, STOTTLEMYER HAGERSTOWN MP. R.2
TO DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH	OMET AND DESIGN
и50.0	1 - to 1
IMMEDIATE CAUSE (A) UNIKOLY	sed arthurselevores - 5 yes
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOFST
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?
OF INJURY While at work at work	
III.	45100
22. I hereby certify that I attended the deceased from	, 1946, to 1946, that I last saw the deceased
alive on 100 0, 1956, and that/death occurred at	5.50.9. M, from the causes and on the date stated above.
SIGNATURE // /// dalla	ADDRESS / DATE SIGNED
J. W. KWAN M	1. D. 1200 notors 11/16
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL FEB 8 . 1956 CHURCH OF THE	BRETHREN CEMETERN BEAVER CREEK MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATHRE	24. FUNERAL DIRECTOR ADDRESS
REGISTER 8.1956 Salu El-Pour	WM. F. BAST AND SONS BOONSBORD MO.
	TO T

VS. A15-10-53

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UNFADING INK. Supply every item of information carefully. The

BUREAU V. S.

FEB 16 1956

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2276 CERTIFICATE OF DEATH

02261

Dr. Ditto, Jr.	IIIIOAI	LOIDEA	Reg. Die	st. No. 301
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED
COUNTY Washington	MARYLAND	STATE Maryl	and county Wash	of multion
CITY (If outside corporate fimits, write RURAL	LENGTH OF STAY	CfTY (If outside corpora	te limits, write RURAL end give no	
OR and give neerest lown) YOWN Williamsport	(in this piece)	OR TOWN Harra	rstown	10.9
HOSPITAL OR	1 2 -10	STREET	(If rural give location	1)
INSTITUTION OR Williamsport S		ADDRESS 638	George St.	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) (Yeer)
	GINIA SU	JAMERS	DEATH Feb.	19, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV		OF BIRTH 9		ER 1 YEAR IF UNDER 24 HR
Female White (Specify) Mar	ried Aug.	. 11,1869	86 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Giva kind of work 10b. Kin	D OF BUSINESS	11. BIRTHPLACE (Slete or foreig	n country)	12. CITIZEN OF WHAT
	Ho me	Pondsville,	Marvland	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Alexander Grove		Ellen Se	nsembaugh	
and the same of th	. SOCIAL SECURITY NO.	17. INFORMANT & AI		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	one	Mr C E	arl Sunmers	
***	18. MEDICAL CE		with office o	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4200 IMMEDIATE CAUSE (A)	Broncho	Freemonia		ONSET AND BEATH
ANTECEDENT CAUSE(S) DUE TO		1-1	6 gc	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO	eten u	lustre Hear	Lone	340
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			2D. AUTOPSY? YES NO P
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	e, ferm, fectory, office bidg., etc.)	21c. WHERE DID INJURY OCCUR	(Colty or town)	runly) (State)
Whi		21f. HOW DID INJURY OCCUR		
M. at w		15.5	10	
22. I hereby certify that I attended the decei	ased from J-/-	1955, 10 -2	1936 that	I last saw the deceased
alive on 2 - 16 , 1936 , and	that death occurred a	M, from the ca	uses and on the date sta	ted above.
SIGNATURE & TO DO TO	M. D. 9	Leculon	ESS (Street, city, town, sleta)	DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or coun	ity) (Stata)
Burial 2-21-56	Rest Have	n Cemetery	Harers town.	Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2000	25. FUNERAL DIRECTOR'S S		ADDRESS
DATE TOW 23-1956 6 der /	n Colons	Andrew K. Co	ffman-Ha ers	town, ld.

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PARTIE NO

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BUREAU V. L.

FEB 27 1956

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death

of

TOWN

3. NAME OF

PLAINLY RITE 3 0 TYPE PLEA S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2239 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: STATE Maryland COUNTY Washington COUNTY Washington MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) (in this place) TOWN Hagerstown Hagerstown 6 mos. STREET (If rural give location) HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS 739 Virginia Avenue 739 Virginia Avenue (Middle) 4. DATE (Month) (Year) DECEASED Charles Markwood Swecker DEATH: Feb. (Type or Print) 6. COLOR OR | 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED. Months Hours (Specify): Married 6-23-1885 IOA. USUAL OCCUPATION (Give kind of work done during most of working life, 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT OR INDUSTRY: COUNTRY? evenSheeited Layout Man Mossy Creek, Virginia U.S.A. Sheet Metal Plant 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME John Swecker Ellen Skyles 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Mrs. C. M. Swecker, Hagerstown, Md. of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH coronary artery thrombosis IMMEDIATE CAUSE arterio sclerotiv myocardial heart disease ANTECEDENT CAUSE (S) advanced generalized vascular arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT none 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? none (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY at work at work

22. I hereby certify that I attended the deceased fromJune ..., 195., to Feb17, 1956, that I last saw the deceased Feb 14, 19 56, and that death occurred at 9:30M, from the causes and on the date stated above. DATE SIGNED SIGNATURE

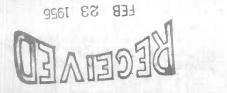
M.D. 115 N. Potomac St- Hag. Md 7eby 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) REMOVAL (SPECIFY) Hagerstown, Maryland Rest Haven Cemetery

REGISTRAR'S SIGNATURE DATE BEC'D BY LOCAL

2-20-1956

24. FUNERAL DIRECTOR

Suter-Rouzer, Fun. Home Hagerstown, Md.



BUREAU V. S.



VS. A15

TYPE

PLEASE

For Sea St. U		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Washington MARYLAND	STATE W. Virginia COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF S	TAY CITY(If outside corporate limits, write RURAL	and give nearest town)
OR and give nearest town) (in this place of mos.)	or Town Keyser	85 X.3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 West Howard Street	STREET (If rural give location) ADDRESS	V
	(Last) 107 Virginia Street	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Margaretta	(Last) 4. DATE (Month) (OF DEATH: Feb.	Day) (Year) 18 19 56
RACE: WIDOWED, DIVORCED,	ATE OF BIRTH: 9. AGE last birthday 15 UNDER 1 Months 1 Months	YEAR IF UNDER 24 HRS. Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired work		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0 0 0 0 11 0
UNKNOWN	IINKNOWN	
UNINDWIN 5. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.		
(Yes, no, or unk.) (If Yes, give war or dates NO NOE	Howard Trenton, Hagerstown, Ma	aryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HARDON CONDITI	lessis Coronau	S WALL
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	busis, Caronaug Thrombys oseleneter lant disease	smin index.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	basis, Coronaug Thrombys oseleneter lant disease No	smin indy indy.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	busis, Caronaug Thrombys oselereter last deicace No	indy .
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm	besis, Caronau, Thrombys oseleneter levet deicare No (TION (Sectory, 21c. WHERE DID (City or town) (Coun	Smin index index.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA 21A. ACCIDENT WAS UNDERLYING OF OF INJURY Street, office INFORMATION OF INJURY Street, office INJURY 21B. PLACE (Home, farm OF INJURY Street, office INJURY) 21C. TIME (Month) (Day) (Year) (Hour) While Not white at work at work	Coronary Thrombys Osclerate Least deicare No Injury occur? Country	Smin indy indy. 20. AUTOPSY? YES NO (State)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office IN JURY Street, office IN JURY STREET, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCUP While at work 22. I hereby certify that I attended the deceased from alive on	Thrombys Interest text decises Outside Least decises Outside Leas	20. AUTOPSYTYES NO (State) t saw the deceased stated above. TE SIGNED
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office of INJURY Street, office of INJURY 21B. PLACE (Home, farm OF INJURY Street, office of INJURY Street, office of INJURY) 21C. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCUPANT OF INJURY While Street, office of INJURY OCCUPANT OF INJURY 22. I hereby certify that I attended the deceased from alive on 19 A and that death occurred SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME DECENTION OF INJURY 23. BURIAL, CREMATION, DATE THEREOF NAME DECENTED OF INJURY AND THE DEATH OF THE THEREOF NAME DECENTED OF INJURY OCCUPANT OF INJURY OC	thrombys orderet fart deiene No TION Agree DID (City or town) (Country occur? RRED 21F. HOW DID INJURY OCCUR? 195.4 to deaths, that I last at #1.35/M, from the causes and on the date	20. AUTOPSY? YES NO (State) t saw the deceased stated above. TE SIGNED 2 -/ (State)



LEB SI 1829

BUREAU V. Z.

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		MARYL 224 ME	AND :	STATE DEPAR	TME ER'S	NT OF HEALTH	-BAI	DEATH	02	264
1. PLACE OF 1 0. COUNTY	Υ	Shington		MARY		2. USUAL RESIDENCE (WHO o. STATE Mary)	ere decea		Reg. Dist. No ni Residence bef Washin	fore admission)
b. CITY OR		de corporate limits, write	e RURAL	c. LENGTH OF STAY		c. CITY OR TOWN (If o		porote limits write RI		-
and give	nearest town			52 year					-	odien town,
	erstown		If not in ho	spital, give street address		d. STREET ADDRESS	gerst	OWIL	0.3	e. IS RESIDENCE
00 200 1		Parkway		sprior, gira siraor oddires.	1	200 Mealey	Park	way		YES NO
3. NAME OF DECEASED (Type or pr	rint) RC	BERT	st	Middle CHARL	ES	TRIESLER, ST	OF DEATH	February	26	Year 19 56
s. sex Male	6.	color or RACE White	7. MARRI WIDOWE	D DIVORCED			1898	1 . 1 . 1 . 1	UNDER TYEAR	IF UNDER 24 HR Hours Min.
IOa. USUAL O	CCUPATION (Sive kind of work	done 10b.	KIND OF BUSINESS OR I	NDUSTR	11. BIRTHPLACE (State o	r foreign o	country)	12. CITIZEN OF	WHAT COUNTR
C. P		, even it refired;	OW			Baltimore			U. S.	Α.
3. FATHER'S			0 11	11 042011000		14. MOTHER'S MAIDEN NA		Jana	0000	320
	Christi	an G. Tr	iesle	r				K. Wagner		
15. WAS DECI	EASED EYER IN	U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	77.2.4	Address		
Yes, no, or unkno		We I	service)	62-10-4119		rs. Louise Tr	iesle		town, Ma	ryland
PAI 24 33 Conditio gave rise	RT I. DEATH WIMM ons, if ony, to immediate ing the unde	AS CAUSED BY, EDIATE CAUSE (o) DUE TO which (b) couse		for (o), (b), and (c).]	Cor	ronary occlus	ion		INTER	IVAL BETWEEN IT AND DEATH 10 min
PAI	RT II. OTHER S	ignificant con none	DITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERMIN	AL DISEAS	E CONDITION GIVEN		PERFORMED?
ZOO. EXTER PRIMARY CAUSE OF	RNAL CAUSE V	VAS JUTING [] 20	b. DESCRIB	None	RED. (En	ter noture of injury in Port I	or Port II	of item 18.)		
20c. TIME Hou	OF INJURY	Month, Day, Yea	While		e. PLAC focto	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City	or town)	(County)	(State)
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	resulted fro					e, held an Autopsy ide , Homicide M.D. CHIEF MEDICAL EXA ASSISTANT MEDICAL	, U	ndetermined cou	Inquiry [].	, and find th
EXAMINE NAME (T)		Robert	Wells	, M.D.		DEPUTY MEDICAL EX	AMINER [3	2-28-5	6
220. BURIAL, C REMOVAL Buri	L (Specify)	2/29/1956		22c. NAME OF CEMETE Rose Hill				TION (City, town, or o		(State)
23. FUNTRA	OFF CORESION	LO MA	yan.	Hagerst	me	24a. REC'D		RAR 246. REGISTR	AR'S SIGNATUR	ers

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9961 63 81		
BAIRDE		Section 1
		The state of the s

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The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

NIARGIN RESERVED FOR BINDING

2242 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 302

				.g. 1716ti 110	
COUNTY Washington	MARYLAND	2. USUAL RESUMENCE STATE PARYL	(HOME) OF DECE	COUNTY	1711
CITY (If outside corporate limits, write RURAL and OR give nearest town Hagerstown	LENGTH OF STAY (in this place)	CITY (If outside corpo OB TOWN Cumb	rate limits, write R er land	URAL and giv	re nearest town)
HOSPITAL OR INSTITUTION OR Long Meadow A	Apts.#6D	STREET ADDRESS 814	Greene St		1
3. NAME OF (First) DECEASED (Type or Print) Florence	(Middle) Catherine	(Last)	4. DATE OF DEATH	(Month)	(Day) (Year) 26 156
remale white wit	NGLE, MARRIED, OWED, DIVERCED, pecify)	8. DATE OF BIRTH APRIL 20 1870	9. AGE last birth	day If under Months	I year If under 24 bre Days Hours Min.
done during ment Serving life, even if retired) IND	KIND OF BUSINESS OR OWN HOME	II. BIRTHPLACE (State MARYLAND	or foreign country)	12	COUNTRY? S.A.
JOSHUA KIGHT		14. MOTHER'S MAIDER	N NAME MICHAE		
	SOCIAL SECURITY NO.	JOHN BYER	ADDRESS HAGERS TO	WN,MD,	
giving rise to the above cause stating the underlying cause last	acute cor	onary throm	0=10:000001 - 40011414-6-6-6 0-4	isease	INTERVAL BETWEEN ONSET AND DEATH
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDIN 21. EXTERNAL CAUSE WAS PLACE (He	NGS OF OPERATION	(CITY OR	TOWN	(COUNTY)	20. AUTOPSY? Yes No (STATE)
PRIMARY OR CONTRIBUTING OF Office CAUSE OF DEATH.	hidg., etc.)	HOW DID INJURY OF		(000011)	(SIXIE)
OF INJURY None m. While work	at Not while	NOW DID INJURY OF	JCOK!		
22. I certify that I took charge of the remains de obtained by said Autopsy, Inspection or Inquestrom: notural couses of accident of sui SIGNATURE SIGNATURE 23. BURIAL. CREMATION DATE THEREOF REBURIAL Specify) FEB 29 1956	iry, find that said deco	ased died on the day stat undetermined ADDRESS Hacerst	ed above, and de	ath in my	opinion resulted DATE SIGNED Feb. 26 36
DATE REC'D BY LOCAL RECISTRAR'S SIGNAL DES 26.1956 Chastia	1	24. FUNERAL DIRECTO	OR.	RLAND MI	ADDRESS

BUREAU V. E.

FEB 28 1956

BECEINED

VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2243 CERTIFICATE OF DEATH

02267 Reg. Dist. No. 302

								206
1. PLACE OF DEATH o. COUNTY	ashington		MARYLAND	II A CTATE	Maryland	ceased lived. If institu b. COUNT		before admission) ington
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside	corporote limits, write		-
O.3 Hagersto	wn		1 day	Hag	erstown		0.	3
d. NAME OF HOSPIT	AL (If not in hospital, g Washingtor		nty Hospital	d. STREET A	O Salem	Ave.	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	AUGUSTUS Fir	st	Middle	WIEBEL	OI		onth T'y	Day Year 23 19 56
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	1	9. AGE (In years last birthday)		YEAR IF UNDER 24 HRS.
Male	White	WIDOWE	DIVORCED	Februar	v 3. 187	3 83 yrs		Pays Hours Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPL	ACE (Stote or fore	ign country)	12. CITIZ	EN OF WHAT COUNTRY?
Retired Mil		lan me	od Pin Factory		rstown, I	Maryland	I	J. S. A.
Lewis	H. Wiebel			Ma	atilda P	Coxen		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			dress	
no	(ir yes, give war or dates or s		214-09-18214	Mrs. Non	ma I. Woo	od Hagers	town. N	faryl and
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	0	te for (0), (b), and (c).]	CaroliVa	. Dula			INTERVAL BETWEEN ONSET AND DEATH
422,1	DUE TO							0
Conditions, if a	ny, which) (b	,						
gove rise to i	mmediole (
lying couse lost.	(c)						
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DI	SEASE CONDITION G	VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO Y
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	finjury in Port 1 o	r Part II of item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	20d. It White of work	Not while fe	LACE OF INJURY (Foctory, street, office		(City or town)	(Co	ounty) (Stote)
21. I certify th	at I attended the	decease	ed fram 12/29	19 54	, ta 2/23	3/ 195	6 that I la	ist saw the deceased
alive an 2/	22/	. 19						e date stated abave.
	10	0.0	15-11/10	1		SS (Street, city or town		DATE SIGNED
ACTUAL	towa-d	1.	NOSIG MY	M.D. 136	N. Poto	omac Stre	et, H	agerstown.
PHYSICIAN'S	loward N.	Wee	ks. M.D.					
PHYSICIAN'S NAME (Type) F			22c. NAME OF CEMETERY		22d. L	OCATION (City, town,	or county)	(Stote)
PHYSICIAN'S NAME (Type)	N, 226. DATE THEREC							
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THERECO	56 new 2	22c. NAME OF CEMETERY	emetery		gerstown.		nd

Estimate want and The first state of the state of · PEB 28 1956 , TOTAL TOTAL SECTION

72 hours after death. After this director, the third copy of this

72 hours after death.

the registrar within in by the funeral

The bottom copy may be re

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2244 CERTIFICATE OF DEATH

02268

Dr. W. T. Layman

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Washington MARYLAND	state Maryland county Washington
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this piece)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
03 TOWN Hagerstown 14 yrs.	TOWN Hagerstown
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
00 STREET ADDRESS 638 Highland Way	ADDRESS 638 Highland Way
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year) OF
(Type as Bright)	LIAMS DEATH Feb. 20, 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	
Female White (Specify) Widowed June	25, 1868 87 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) Housewife Own Home	Milesburg, Penna. USA COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank T. Wallace	Lucy Clyde
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wat or deles of service)	
No None	Mr. Edmond B. Williams
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IRTIFICATION INTERVAL BETWEEN ONSET AND DEATH
443 X IMMEDIATE CAUSE (A) Gerebral Henory	rhage 12 hrs.
ANTECEDENT CAMERIES DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) HYDERTENSIVE CO	ordiovasculor disease 2 yrs
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE NONE NONE	
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from #80.	20, 19.56, to Feb. 20, 19.56, that I last saw the deceased
alive on eb. 20 , 19 56 and that death occurred a	at 202 M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stele) DATE SIGNED
W. T. Layman, N. B. J. Jeyman M.D.	R CREMATORY LOCATION (City, lown, or county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF REMOVAL (SPECIFY)	
Burial 2-22-56 Rose Hill	Cemetery Hagerstown, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 123, 1956 BROSH BOWER	Andrew K. Coffnan-Hagerstown, Ma.

CENTED SUBSECTION OF THE STATE OF THE STATE

Z .V UASRUS

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2277 CERTIFICATE OF DEATH

02269 Reg. Dist. No. 3/13

COUNTY WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL OR STAY (In outside corporate limits, write RURAL and give neerest town) OR AND
OR STOWN HAGERSTOWN OR TOWN HAGERSTOWN OR TO
HOSPITAL OR INSTITUTION OR STREET ADDRESS ATEWAY NURSING HOME 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED
STREET ADDRESS ATEWAY NURSING HOME ADDRESS 309 S. POTOMAC ST. ADDRESS 309 S. POTOMAC ST. ADDRESS 309 S. POTOMAC ST. (First) (Middle) (Loss) (Itype or Print) FLMER ERIE WINTERS AGE lest birthdey WINDOWED, DIVORCED, WIDOWED, DIVORC
3. NAME OF DECEASED (Type or Print) FLMER ERIE WINTERS 4. DATE (Month) OPY (Year) OF DEATH FEB. 17 19 56 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, WINTERS 10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if RETITRED CABINET MAKER 11c. CITIZEN OF WHAT COUNTRY? OF PROPERTORS AND U.S. A. 14c. MOTHER'S MAIDEN NAME JOHN S. WINTERS 14d. MOTHER'S MAIDEN NAME CECILIA WOLFE HAGER STOWN
(Type or Print) FLMER ERIE WINTERS DEATH FEB. 17 19 56 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if RETTRED CABINET MAKER 10b. KIND OF BUSINESS AN WISS. MARYLAND 11c. CITIZEN OF WHAT COUNTRY? WINTERS 12. CITIZEN OF WHAT COUNTRY? WAS MARYLAND 14. MOTHER'S MAIDEN NAME JOHN S. WINTERS 14. MOTHER'S MAIDEN NAME CECILIA WOLFE
5. SEX 6. COLOR OR RACE WHITE WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED 4/12/1879 76 yrs. Months Deys Hours Min. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if PRETITED CABINET MAKER 11. BIRTHPLACE (Stele or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? LIFE WAS COUNTRY? U.S. A. 14. MOTHER'S MAIDEN NAME 15. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, MONTHS DEVS MONTHS DEVS MONTHS DEVS MINTERS 16. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, MONTHS DEVS MONTHS
MALE WHITE WEDOWED, DIVORCED, 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if RETUTED CABINET MAKER 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if PIPERYORGAN WKS. MARYLAND 11. BIRTHPLACE (State or foreign country) WKS. MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME JOHN S. WINTERS 14. MOTHER'S MAIDEN NAME CECILIA WOLFE HAGERSTOWN
MALE WHITE WITOWED 4/12/1879 76 yrs. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if PETTRED CABINET MAKER 11. BIRTHPLACE (State or foreign country) WKS. MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME JOHN S. WINTERS 14. MOTHER'S MAIDEN NAME CECILIA WOLFE HAGERSTOWN
RETTRED CABINET MAKER 13. FATHER'S NAME JOHN S. WINTERS COUNTRY? U.S.A. COUNTRY? LAGERSTOWN
RETTRED CABINET MAKER 13. FATHER'S NAME JOHN S. WINTERS 14. MOTHER'S MAIDEN NAME CECILIA WOLFE HAGERSTOWN
JOHN S. WINTERS 14. MOTHER'S MAIDEN NAME CECILIA WOLFE HAGERSTOWN
HAGERSTOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS HAGERSTOWN
(YNO. or unk.) (If Yes, give wer or dates of service) NONE MISS GERALDINE WINTERS
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE SIT
DISEASES OF COMMITTIONS DIRECTLY ELADING TO DEATH
47/X IMMEDIATE CAUSE (A) With the Common of William Common of the Common
ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE CICLUIAL SCLENOSIS 10 400
190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION 20, AUTOPSY?
YES NO 12
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (Stete)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?
M. et work stywork
22. I hereby certify that I attended the deceased from 1954, to 1956, that I last saw the deceased
alive on Telling, 19.5. and that death occurred at 2.30 MM, from the causes and on the date stated above.
SIGNATURE ADDRESS (Street, city, town, state) DATE SIGNED
A avig the M.D. Year offing Md. 2/18/5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)
REMOVAL (SPECIFY)
BURIAL 2/20/56 ROSE HILL CEM. HAGERSTOWN MD.

(Wehr ")

MARYLAND STATE DEPARTMENT OF HEALTH-PALYLEORIE, IS

BYT CERTIFICATE OF BEATH

and a continue th.

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

ATTENDING PHYSICAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02270

2245 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WASHINGTON MARYLAND	STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest town)
OR and give nearest town) (In this place)	OR TOWN
HAGE ESTOVY Y 12 WEEKS	FURAL
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS WASH, CO. HOSPITAL	HACERSTOWN MD.R.4
3. NAME OF (First) (Middla)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print)	MOLEC DEATH
PULLIP - FEDIER - A	170LI-E 150RUARU-17-19-36
	OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HR: Months Devs Hours Min.
MALE WHITE Specify WIDOWED DEC	
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even If retired) OR INDUSTRY	COUNTRY?
3. FATHER'S NAME	ITOXVILLE FRED. Co. MD.
3. CATHER S NAME	14. MOTHER'S MAIDEN NAME
ANDREW WOLFE	BLANCHE BAKER
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	LAWRENCE A MALE - CHARGE COMPA AND
18. MEDICAL CE	LAWRENCE L. WOLFE SHARPSBURG MI
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTLESCATION INTERVAL BETWEEN ONSET AND DEATH
510 monels of	- Toreum one Qurek
3/9. / IMMEDIATE CAUSE (A)	Virtuation de actività
ANTECEDENT CAUSE(S) DUE TO	u with Effering nurely
DISEASES OR CONDITIONS, IF ANY, (B)	+ my part of x mare
STATING UNDERLYING CAUSE LAST. DUE TO	
1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	les Heart DED 6 months
DISEASE OR CONDITION CAUSING DEATH.	0,1,00
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES □ NO 🔀
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While Not while	And the state of t
M. at work at work	A A A I A
22. I hereby certify that I attended the deceased from	1956, to 100 1, 1956, that I last saw the decease
alive on Tel 17, 1956, and that death occurred a	at 10 Y. M., from the causes and on the date stated above.
SIGNATURE	ADDRESS (Streat, city, flowing, stelly DATE SIGNE)
Anviel Prewer	Vege Aprino Md. 2/21/11
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	OR CREMATORY LOCATION (City, town or county) (State)
REMOVAL (SPECIFY)	OR CREMATORY LOCATION (City, town/or county) / (Steta)
BURIAL HEB. 23-1956 KETHEL	CEMETERY FOXVILLE FRED. CO MD
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE FEB. 23/90 Breast Howers	MIN E BUT AUD SAME BONGS - MAN
Ale	IVIP IT DASI AND JONS EDANSBARA IND.

MARYLAND STATE DEPARTMENT OF HEALTH-BALLYMORE, 18.

SEASORTHINCATE OF DEATH

Sen. Dat. No. MANASSOCIA CON A STEPHEN ACED IN A STATE OF THE STATE OF

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2246 CERTIFICA

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the hosp or attending physician. TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and can dead titled in by the funeral director,	filed with	1
er death	funera	ould be	
aurs oft	n by the	ind 2 sh	
hin 24 h	filled	ages 1 a	
uted wit	4	pers. P	÷
be exec	on puo c	rbon pa	ter deat
rificate	physiciar	mave ca	haurs of
loath cer	ending	lease re	thin 72
of the d	y the att	Then p	event w
quires th	igned b	permit.	In any
faw re	hysician s been s	al-transit	ival, and
AN: The	ending p	the buric	ог гето
PHYSICI	ar att	use as I	ematian,
NDING	B hosp	ched far	urial, cre
R ATTE	RECTOR	be deta	or to b
PITAL O	RAL DE	Shauld	the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs atter death.
TO HOS	TO FUN	boge	the reg

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					Keg. Dist.	No. 30
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
Washington Maryland Washingto						neton
 CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
03 Magerstown Md. 22 yrs. Hagerstown, Maryland 03						3
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 572 Pen Mar		d. STREET ADDRESS 572 Pen	Mar	Ave.	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE	Month		
(Type or print) Fannie	Alice	Young	OF DEATH	2		25 19 56
5. SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH		1 1 1 1 1 1 1		EAR IF UNDER 24 HRS.
Female Colored WIDO	OWED DIVORCED	April 5 191	14	41 yrs.	Months Do	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)					12. CITIZE	N OF WHAT COUNTRY
Domestic	Private famil	Ly Lancaster, Pa.		USA.		
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
John Young	Nicely L. Bank					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas. no. or unknown) (If yes, give war or dotes of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT		Addres	18	
ne	220-30-9056					
18. CAUSE OF DEATH [Enter only one cause per					INTERVAL BETWEEN	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Pulmorale					5	MINSET AND DEATH
434.0 DUE TO	D				· ·	1 79 7
Canditians, if any, which)	Jewe Kysh	rala;				
gave rise to immediate	//					
lying cause last.						
PART II. OTHER SIGNIFICANT CONDITION 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVE	IN PART 1(c	a) 19. WAS AUTOPSY PERFORMED?
5						YES NO
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part 1 or Par	t II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d Hour a. jn. Wh		ACE OF INJURY (Home, farm stary, street, affice bldg., etc.	, 20f. (Cit)	or town)	(Caur	nty) (Stale)
p. m. 19 at v	work at work					
21. I certify that I attended the dece	ased from	3 1954 10 1	eh.	25 1956	that I last	t saw the deceased
alive on Sel-1 25 19	56 and that death	occurred at 10.20	/\			
0				treet, city or tawn, st		DATE SIGNED
SIGNATURE Deliver NO	reser	un I	Apo.	tour y	my	2-17-5
			4		d66-20	
PHYSICIAN'S DIDNEY	NOVEN SI	EIN				
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town, or	county)	(State)
REMOVAL (Specify) Burial 2-29-195	Rese Mill	Cemetery	Hage	erstewn.	Ma	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGIST		RAR'S SIGNA	ATURE
Sol plilation on N	agent ~	na I water	0-291	956 66	144	Breezel 1

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